

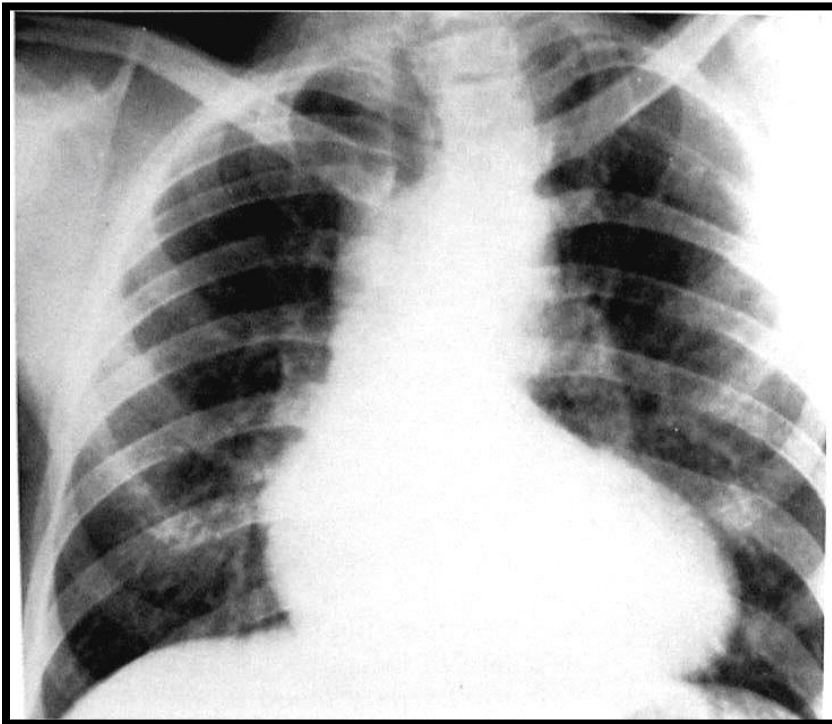
Cardiology X-Rays

The Diagnosis is:

- A. Large VSD**
- B. Ebstein Anomaly**
- C. TGA**
- D. Massive Pericardial Effusion**
- E. Mitral valve disease**



D



- Plain x-ray chest & heart P-A view shows:
 - A-right ventricular apex
 - B-left ventricular apex
 - C-increase cardio-thoracic ratio
 - D-oblitration of cardiac waist
 - E-non of the above

A

The diagnosis is:

A- VSD

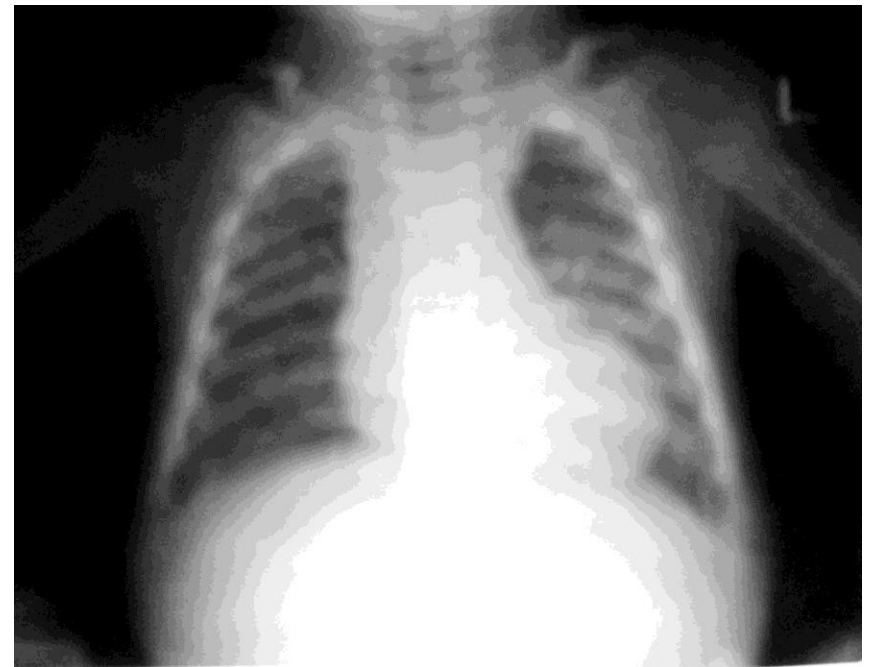
B- Fallot Tetralogy.

C- ASD

D- Bronchiolitis.

E- Mitral valve disease

•



B

- ***This barium swallow shows:***
 - A- Dilated esophagus.**
 - B- Left atrial enlargement .**
 - C- Biventricular enlargement.**
 - D- Left atrial enlargement with right ventricular enlargement.**
 - E- Non of the above.**

D



The diagnosis is:

A- VSD

B- Fallot Tetralogy.

C- ASD

D- PDA

E- Mitral valve disease

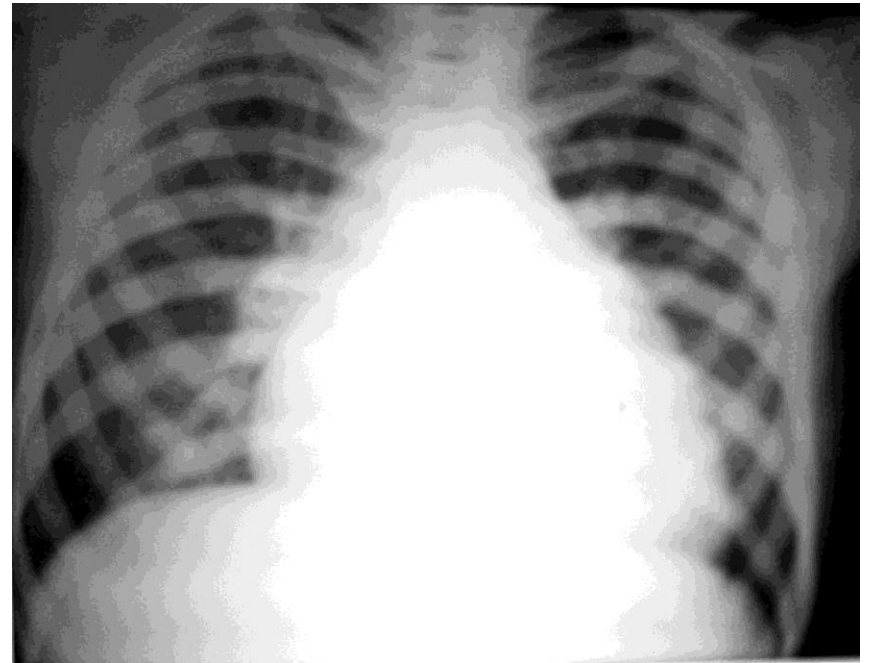
•

E



- ***This X-ray shows:***

- A- Increase cardio thoracic ratio.**
- B- Mitralization of the heart.**
- C- Lung congestion.**
- D- Double contour.**
- E- All of the above**



E

QUESTION NUMBER 3

Look at cardiothoracic ratio in the following chest x ray of a 7-year-old boy and answer the following question:

The followings lesions may produce the apparent cardiac contour EXCEPT

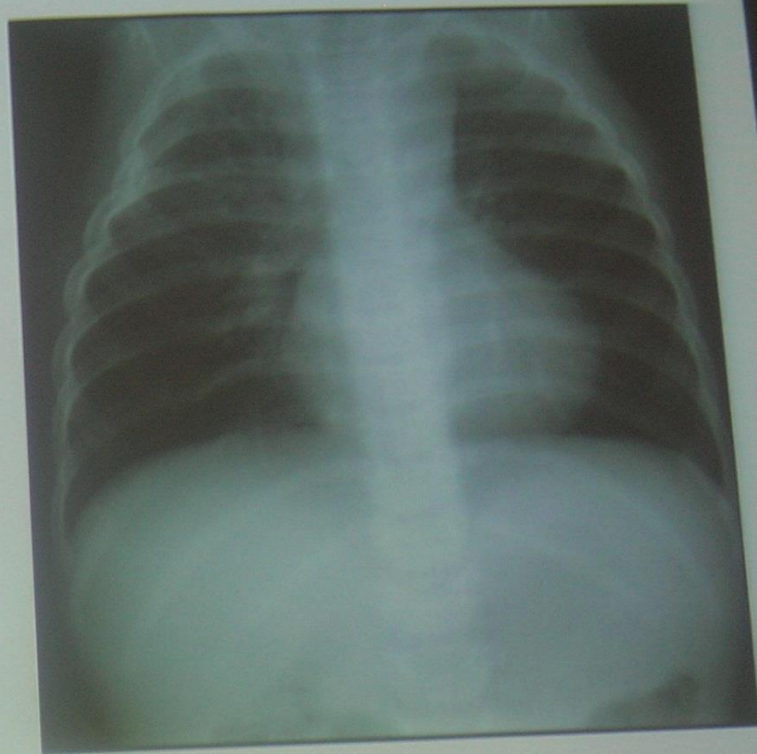


- A : severe aortic stenosis**
- B : Dilated cardiomyopathy**
- C : Rheumatic heart disease with multi-valvular affection**
- D : Massive pericardial effusion**
- E : Ebstein's anomaly**

Severe Aortic Stenosis

QUESTION NUMBER 4

Look at cardiothoracic ratio in the following chest x ray of a 2-year-old boy and select the single lesion that may produce the apparent cardiac contour

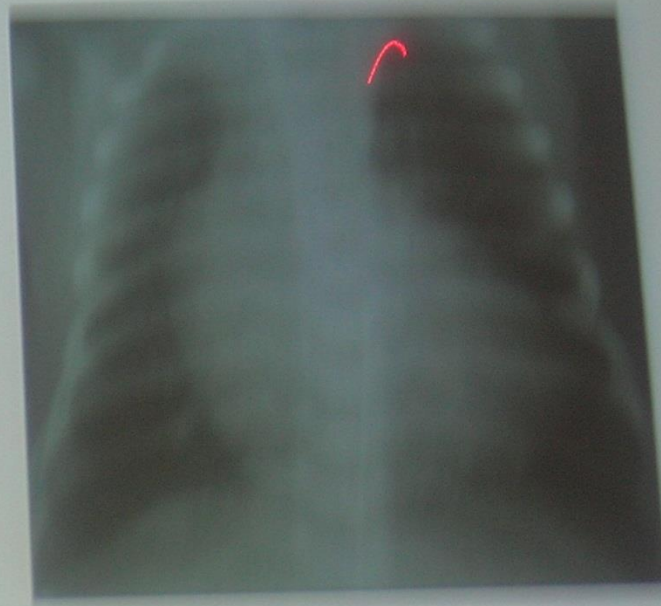


- A** :Valvular pulmonary stenosis
- B** : Small VSD
- C** : Severe Coarctation of the aorta
- D** : Tetralogy of Fallot
- E** :Transposition of great arteries

TOF

QUESTION NUMBER 5

Look at cardiothoracic ratio in the following chest x ray of a 3-month-old boy and select the single lesion that may produce the apparent cardiac contour



- A : Valvular pulmonary stenosis
- B : Small VSD
- C : Severe Coarctation of the aorta
- D : Tetralogy of Fallot
- E : Transposition of great arteries

TGA

The diagnosis is:

A- VSD

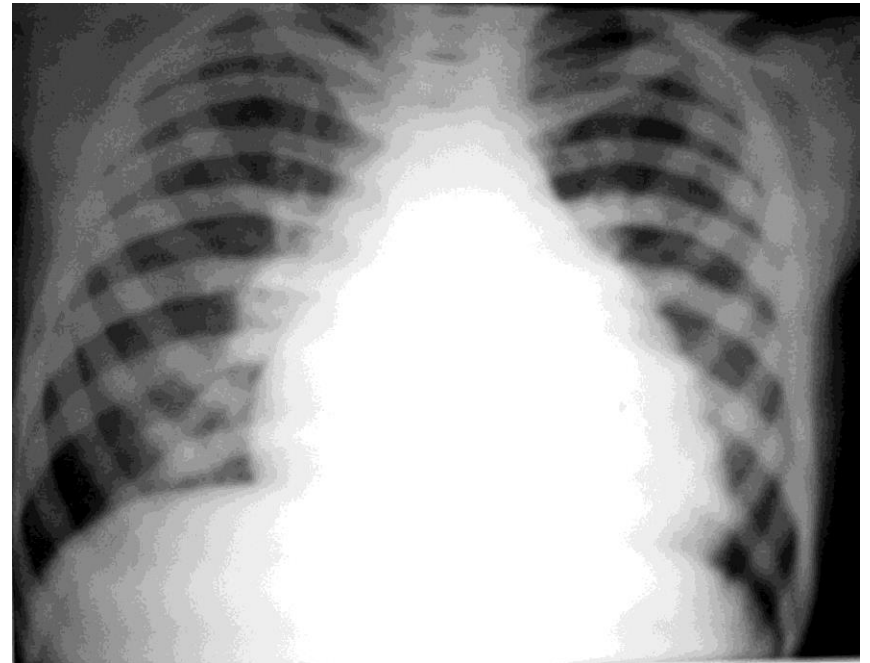
B- Cardio myopathy.

C- ASD

D- Pericardial effusion.

E- Mitral valve disease

•



E

- *The vasculature of the lungs show:*

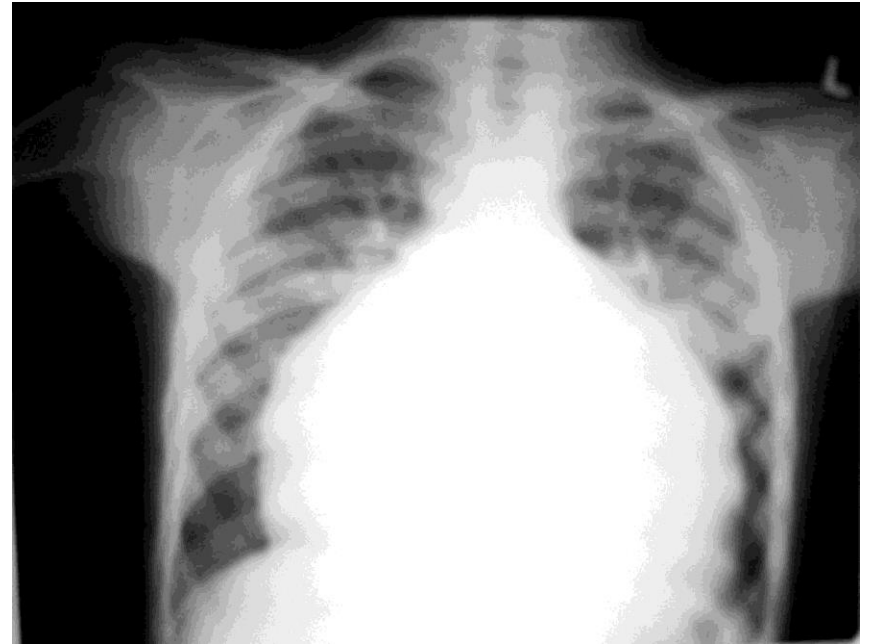
A-Lung oligemia.

B-Lung plethora.

C- Pleural effusion.

D-Lung congestion.

E- Non of the above



D

The diagnosis is:

A- VSD

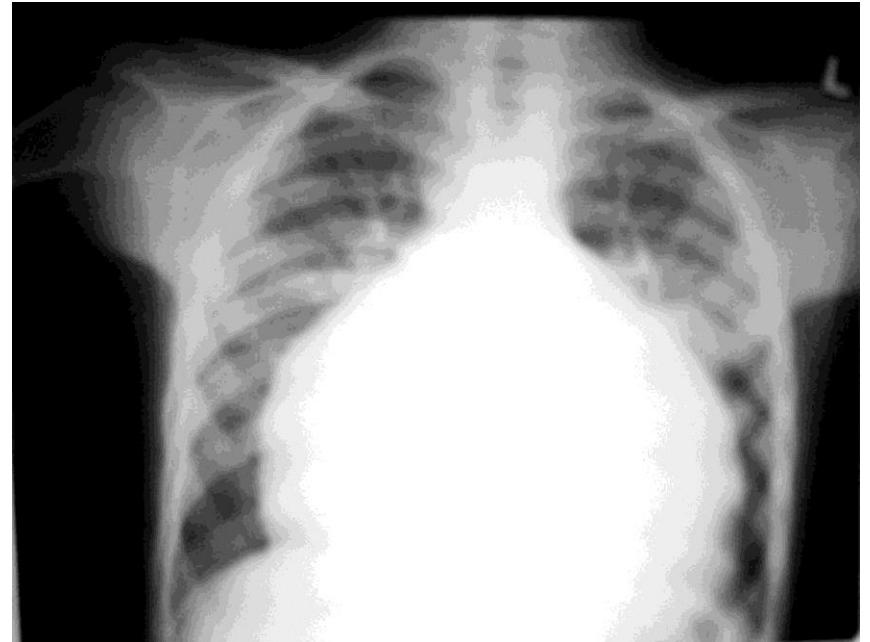
B- Fallot Tetralogy.

C- Transposition of great arteries.

D- Pericardial effusion.

E- Mitral valve disease

•



D

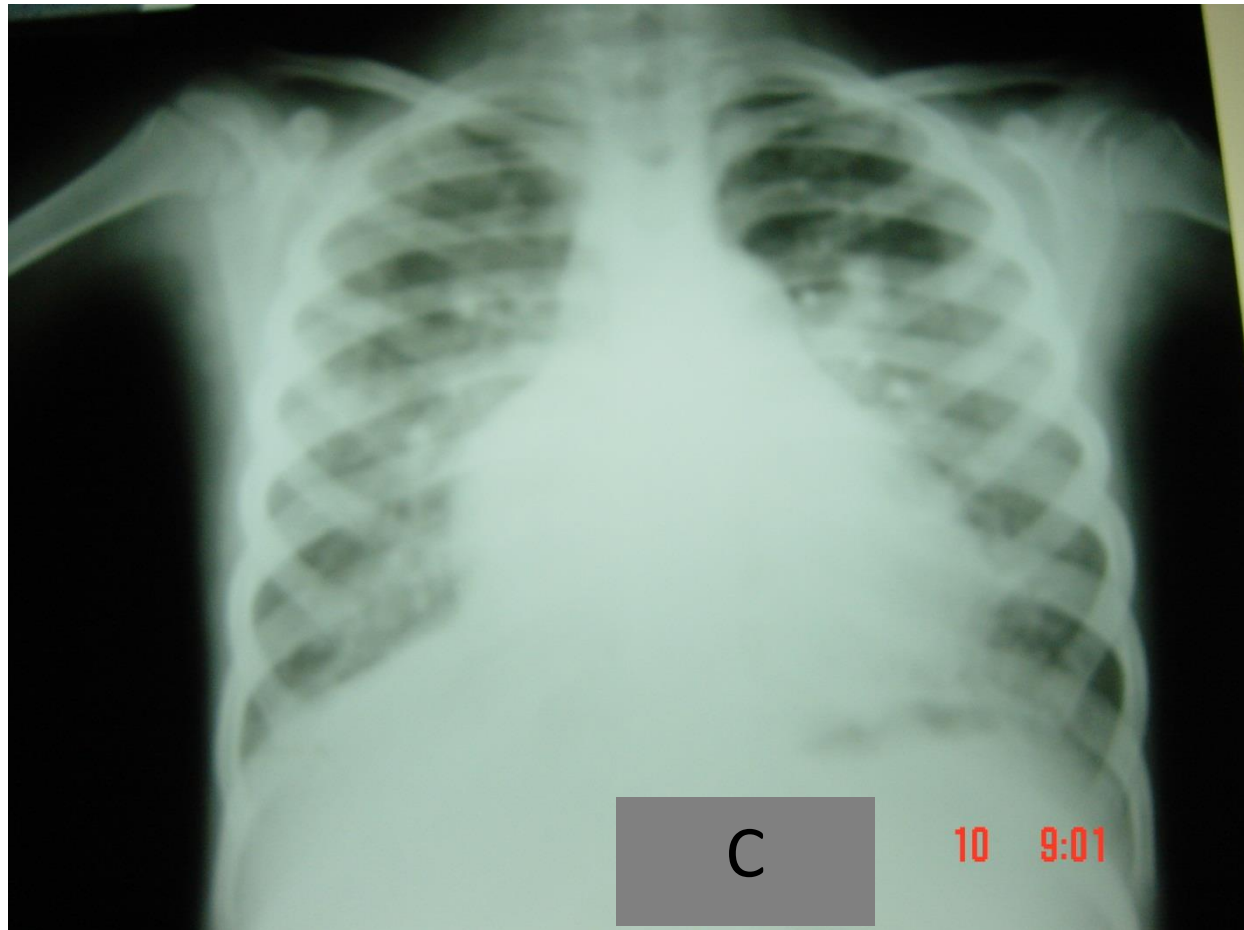
- ***The vasculature of the lungs show:***

A-Lung oligemia.

B-Lung plethora.

C-Lung congestion.

D- Non of the above



The diagnosis is:

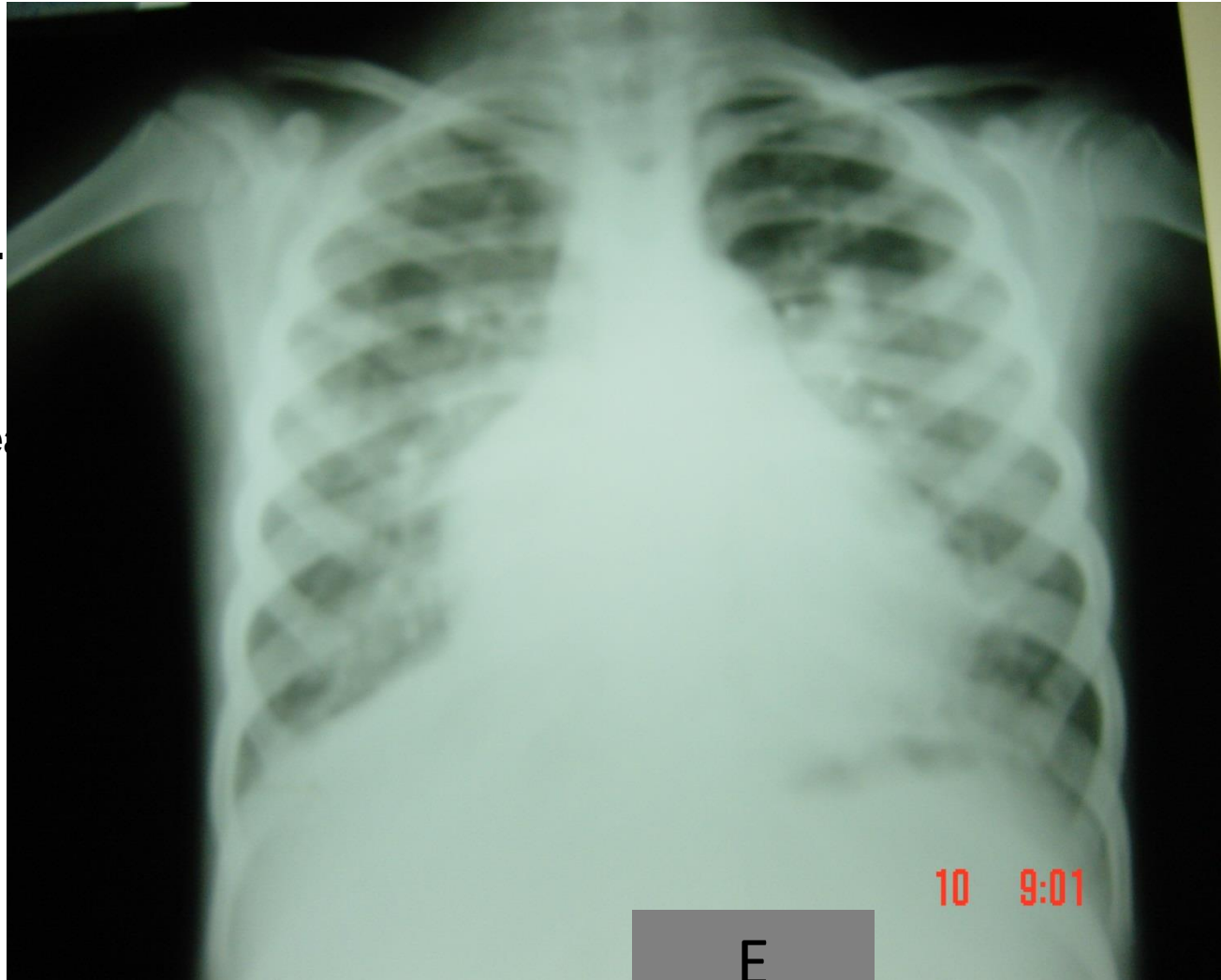
A- VSD

B- Fallot Tetralogy.

C- ASD

D- PDA

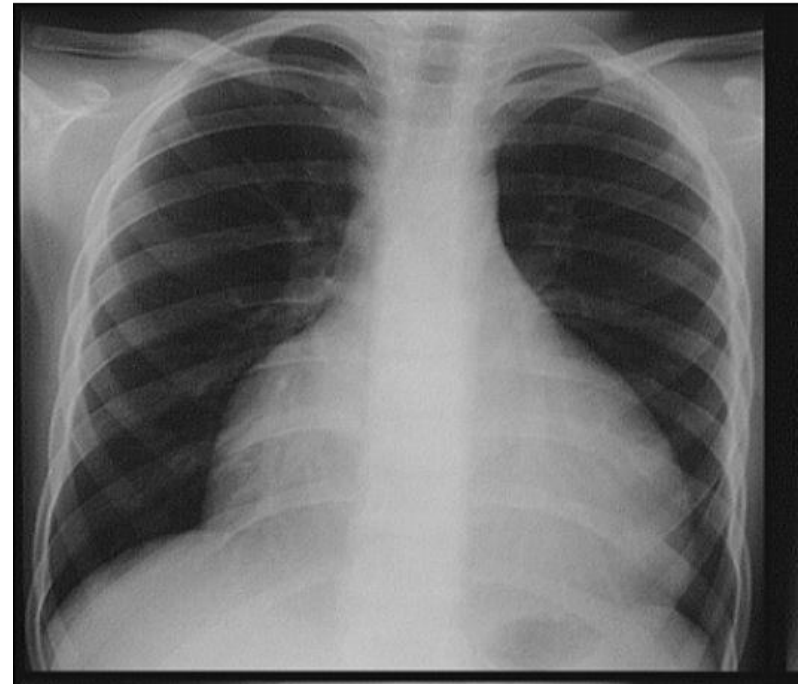
E- Mitral valve dise



E

The cardiac contour is typical of :

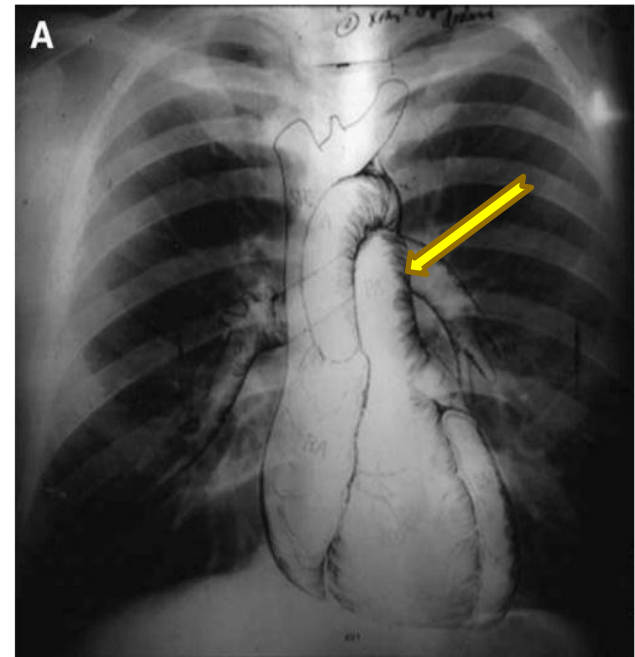
- A. Valvular aortic stenosis.**
- B. Tetralogy of Fallot.**
- C. Pericardial effusion.**
- D. Large ventricular septal defect.**
- E. Mitral stenosis.**



C

The yellow arrow in the plain CXR of normal child points to:

- A. Left atrial appendage**
- B. Main pulmonary artery segmental**
- C. Left ventricle**
- D. Aortic knuckle**
- E. None of the above**



B

The cardiac contour is typical of:

- A. Ventricular septal defect**
- B. Transposition of great arteries**
- C. Tetralogy of Fallot**
- D. Large secundum ASD**
- E. Severe coarctation of the aorta**

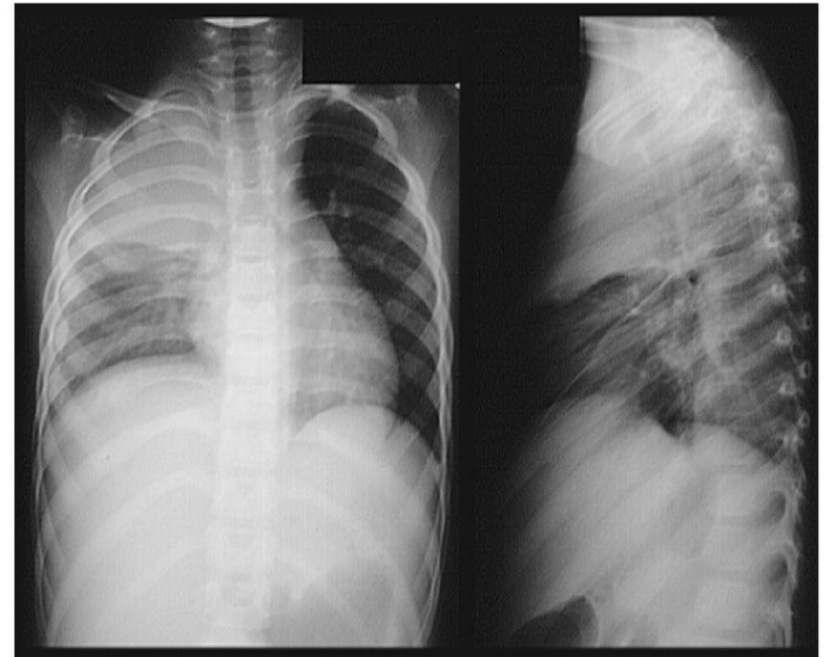


C

Lung X-Rays

Plain CXR in –one year old- boy with respiratory distress:

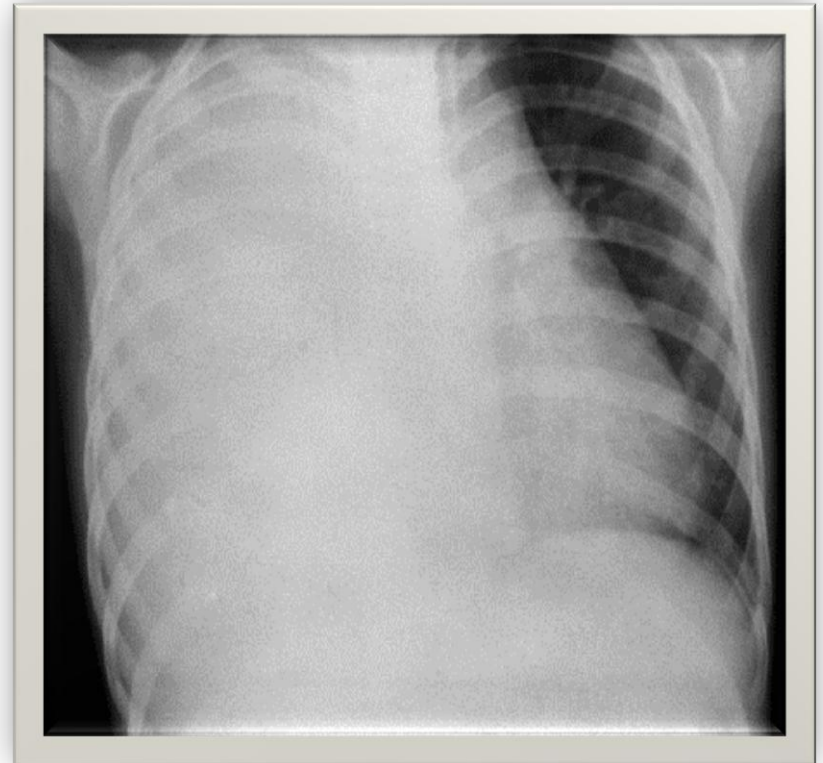
- A. Right sided pleural effusion**
- B. Left sided pneumothorax**
- C. Right sided upper lobe pneumonia**
- D. Left sided pneumonia**
- E. Left sided pleural effusion**



C

Plain CXR in -one year old- boy with respiratory distress :

- A. Right sided pleural effusion**
- B. Right sided tension pneumothorax**
- C. Right sided pneumonia**
- D. Right sided hydro-pneumothorax**
- E. None of the above**



A

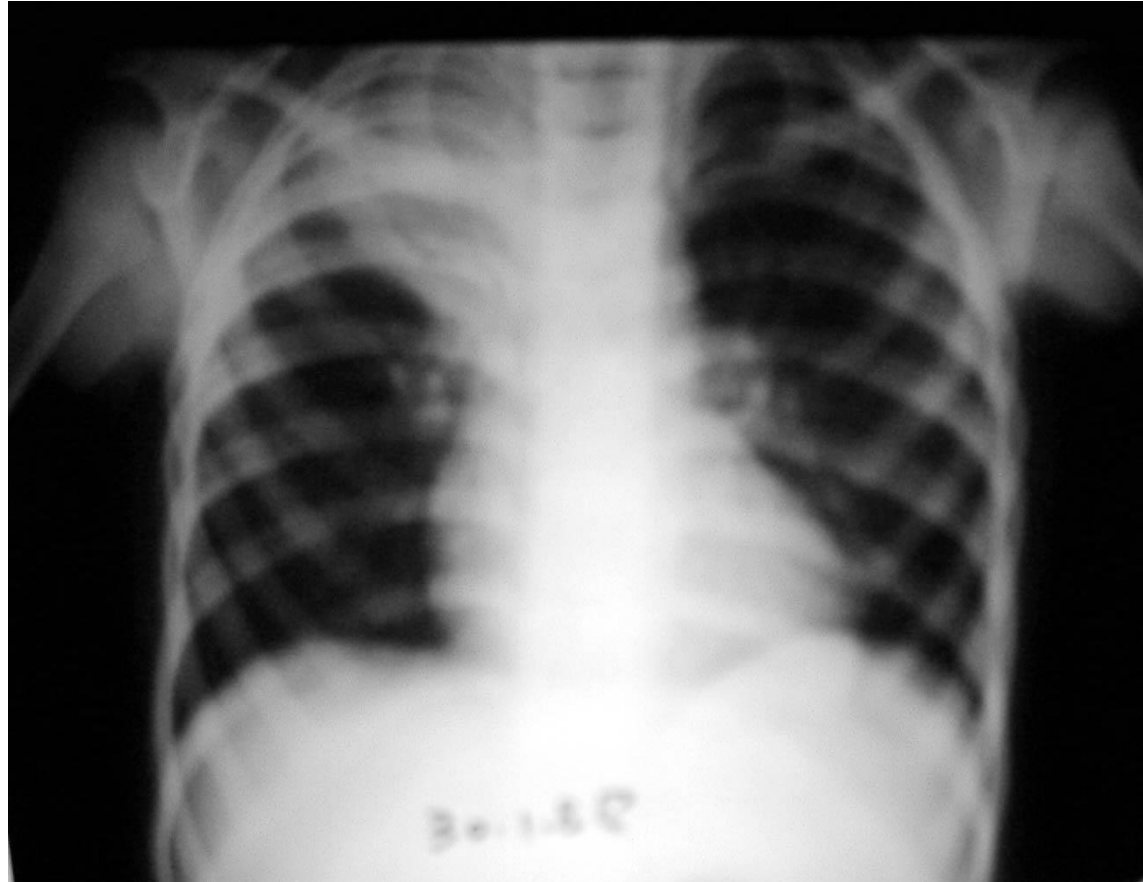
The diagnosis is:

**A- right upper lobe
pneumonia**

B- upper mediastinal mass

C- Bronchopneumonia

D- emphysema



A

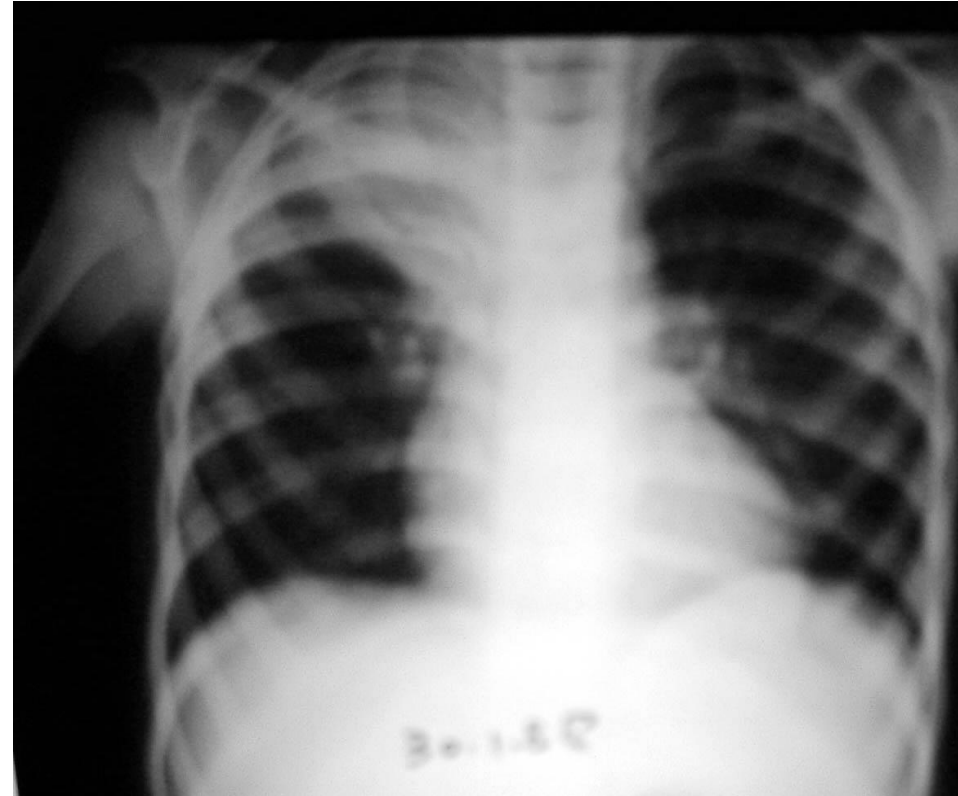
The mediasinum in this x-ray is:

A- deviated to the right.

B- central mediastinum

C- Left deviated mediastinum

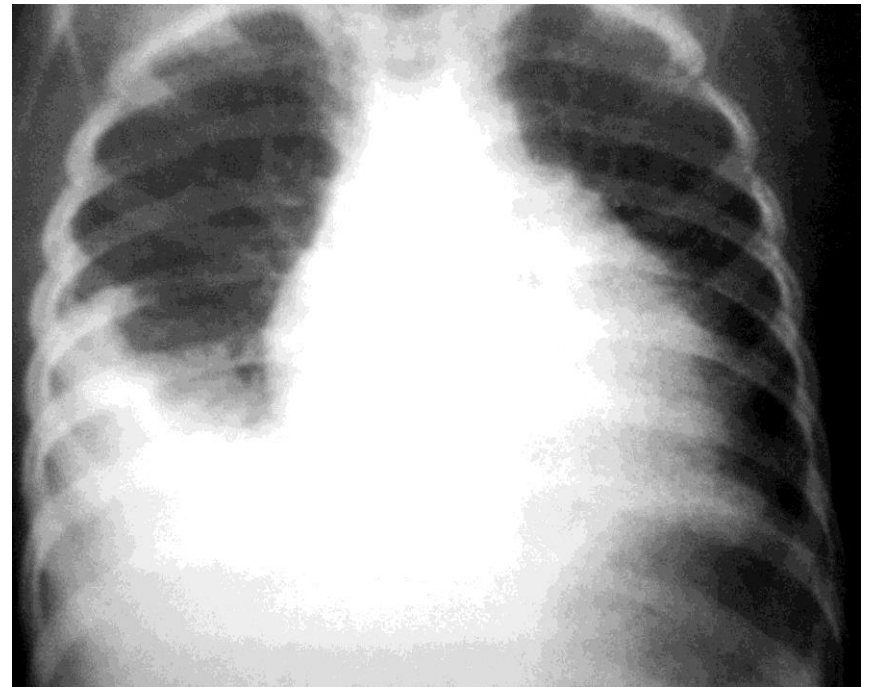
D- non visualised



B

The mediastinum in this x-ray is:

- A- Deviated to the right.**
- B- Central mediastinum**
- C- Left deviated mediastinum**
- D- Non visualised**



B

The diagnosis is:

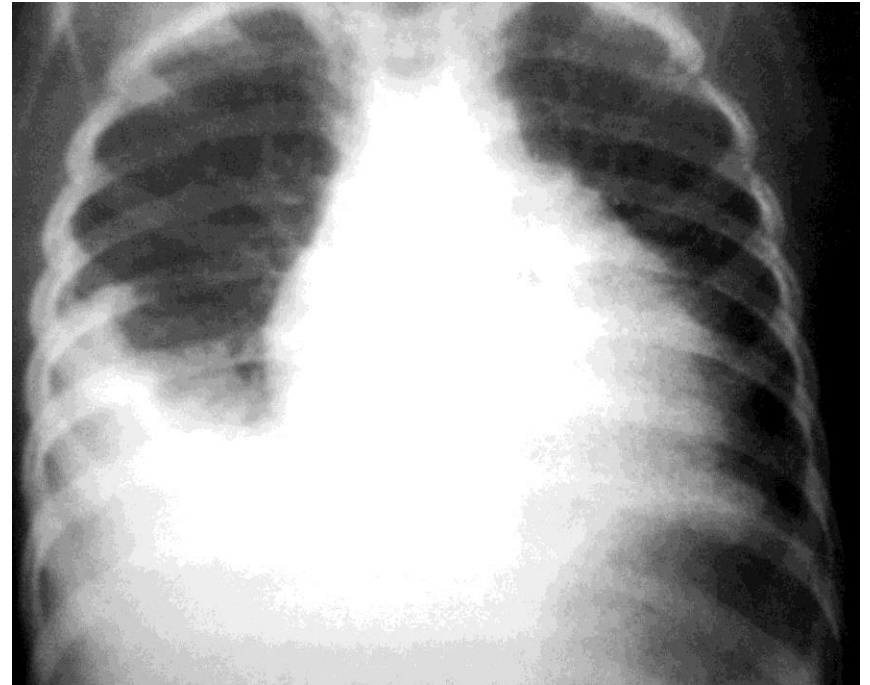
A- Right lower lobe pneumonia.

B- Right pleural effusion.

C-Bronchopneumonia.

D- Emphysema.

E- Non of the above.



B

The mediastinum in this x-ray is:

- A- Deviated to the right.**
- B- Central mediastinum**
- C- Deviated to the right with air under tension in left side of chest.**
- D- Left deviated mediastinum**
- E- Non of the above.**



C

The diagnosis is:

A- Right consolidation collapse.

B- Left lung emphysema.

C- Bronchopneumonia.

D- Left hiatus hernia.

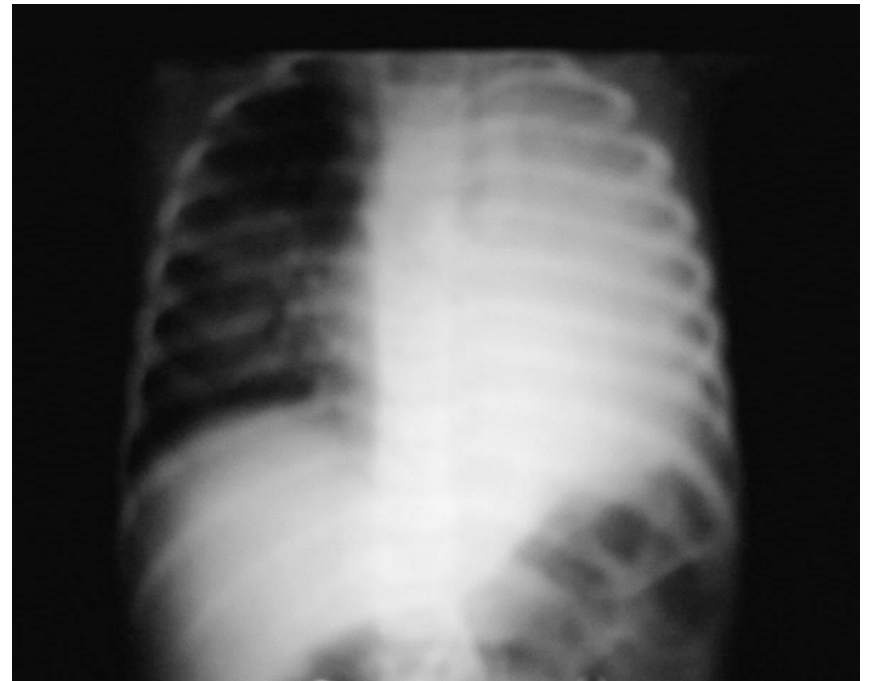
E- Left tension pneumothorax.



E

The mediasinum in this x-ray is:

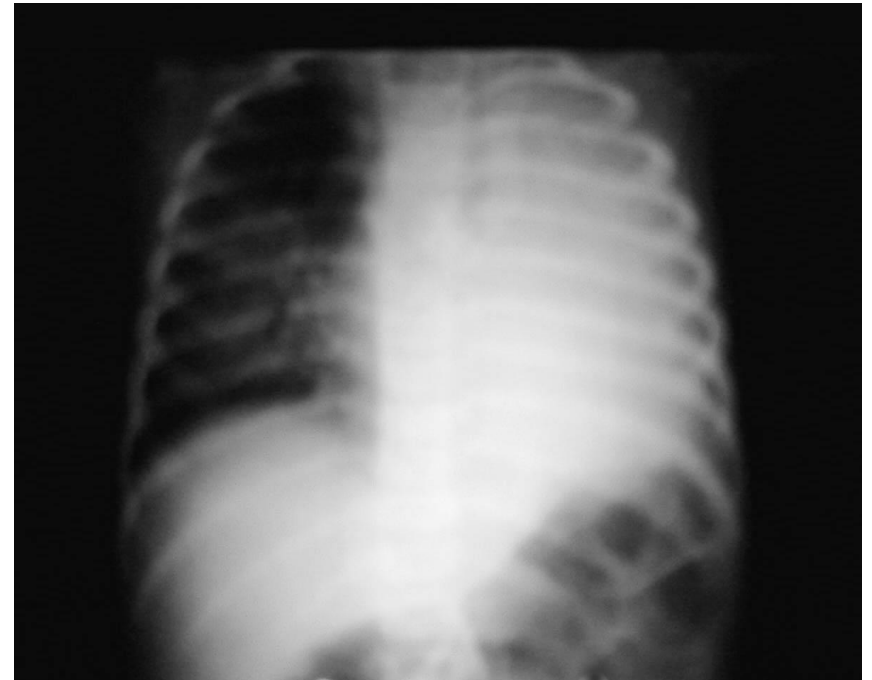
- A- Deviated to the right.**
- B- Central mediastinum**
- C- Left deviated mediastinum**
- D- Non visualised**



A

The diagnosis is:

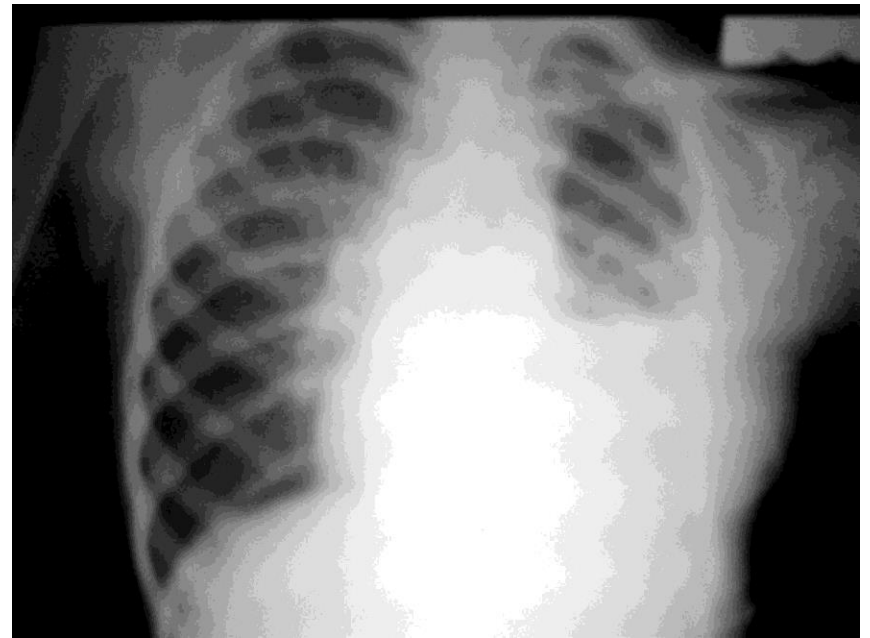
- A- Left massive pneumonia.**
- B- Left pleural mass.**
- C- Bronchopneumonia.**
- D- Right emphysema.**
- E- Massive left pleural effusion.**



E

The mediasinum in this x-ray is:

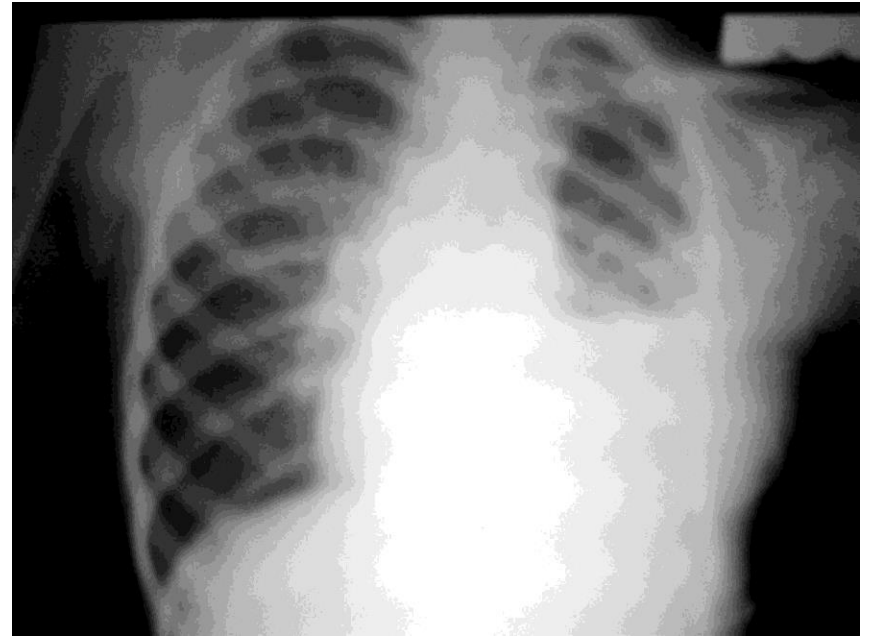
- A- Deviated to the right.**
- B- Central mediastinum**
- C- Left deviated mediastinum**
- D- Non visualised**



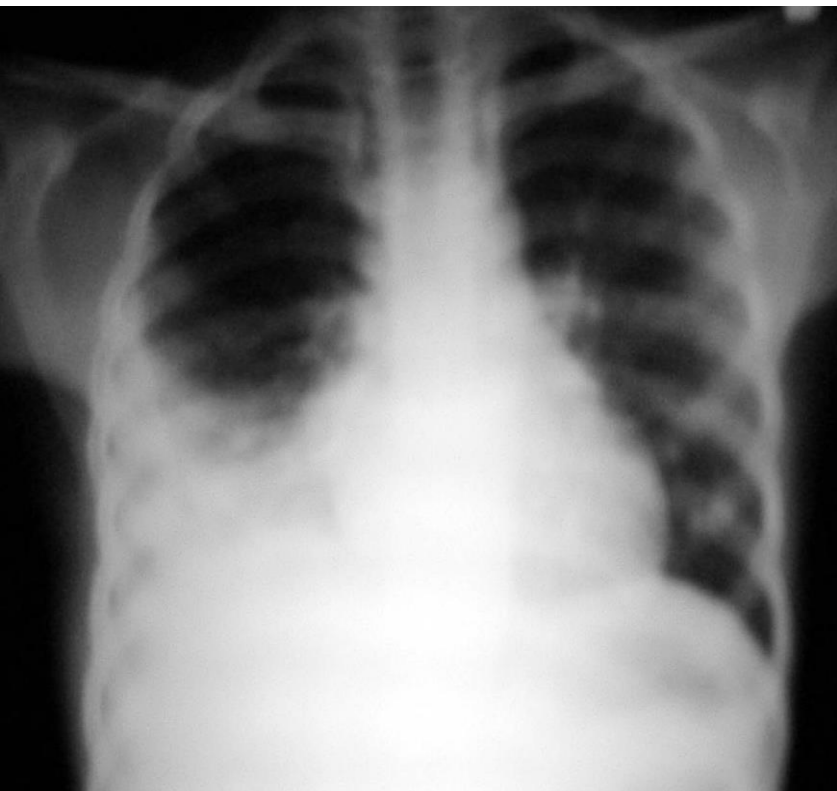
A

The diagnosis is:

- A- Left lower lobe pneumonia**
- B- Upper mediastinal mass**
- C- Bronchopneumonia**
- D- Emphysema**
- E- Left hydropneumothorax.**

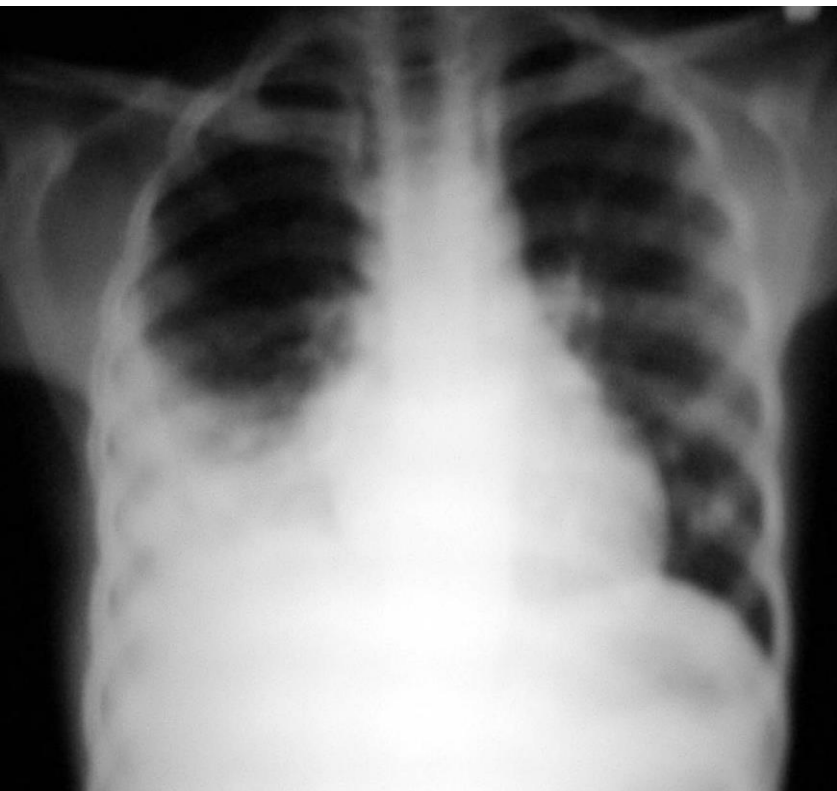


E



- Plain x-ray chest& heart
P-A view shows:
A-right pleural effusion
B-lung congestion
C-right middle lobe
pneumonia
D-broncho pneumonia.
E-non of the above

A



- **Plain x-ray chest& heart P-A , the mediastinum is**
A - shifted to right
B - shifted to left
C - central
D - not apparant
E -non of the above

C

QUESTION NUMBER 2

Look at the following chest x ray of a 7-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings

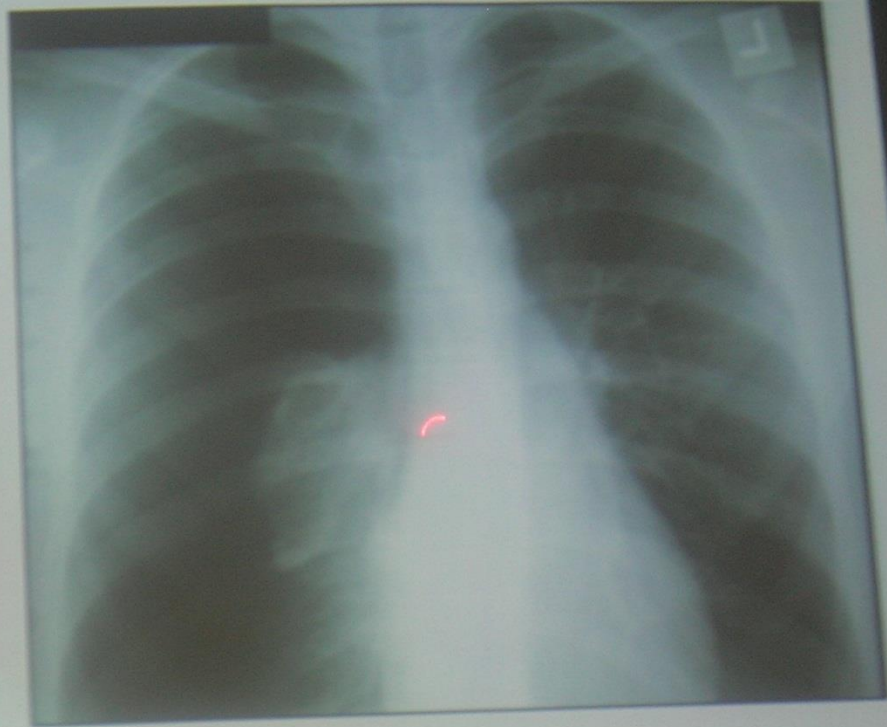


Tension pneumothorax in the Rt. Side with Marked Mediastinal Shift

- A :** Collapse of the left lung
- B :** Obstructive emphysema of the right lung
- C :** Tension pneumothorax in the right side with marked Mediastinal shift .
- D :** Right sided pneumothorax with lung collapse
- E :** Large pneumotocele in the right lung

QUESTION NUMBER 8

Look at the following chest x ray of a 7-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings

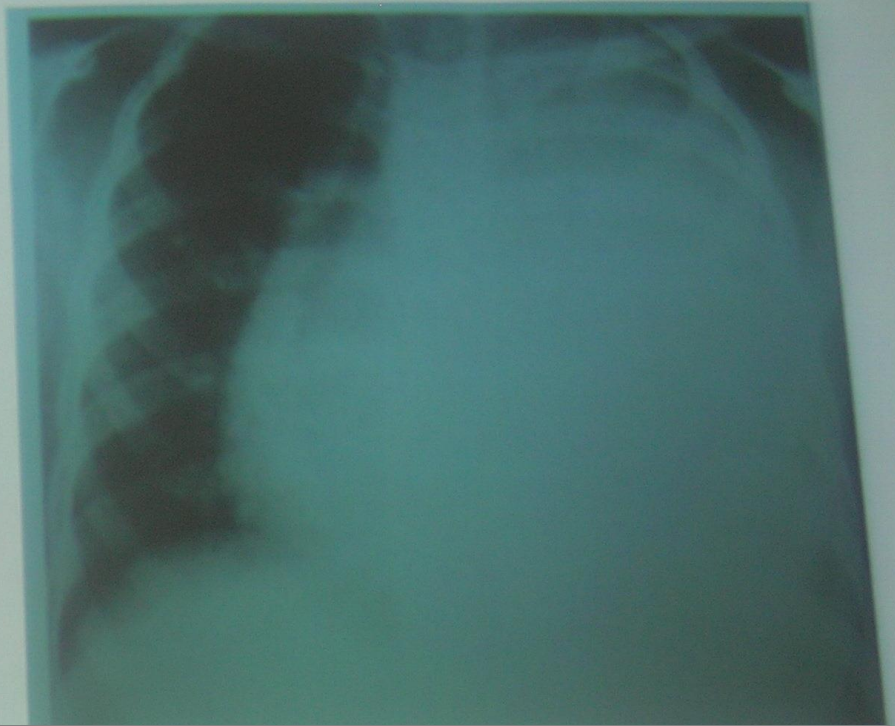


Right Sided Pneumothorax with Lung Collapse

- A :** Collapse of the left lung
- B :** Obstructive emphysema of the right lung
- C :** Tension pneumothorax in the right side with marked Mediastinal shift .
- D :** Right sided pneumothorax with lung collapse
- E :** Large pneumotocele in the right lung

QUESTION NUMBER 6

Look at the following chest x ray of a 2-year-old boy with respiratory distress and select the single most probable underlying etiology explaining the apparent radiographic findings

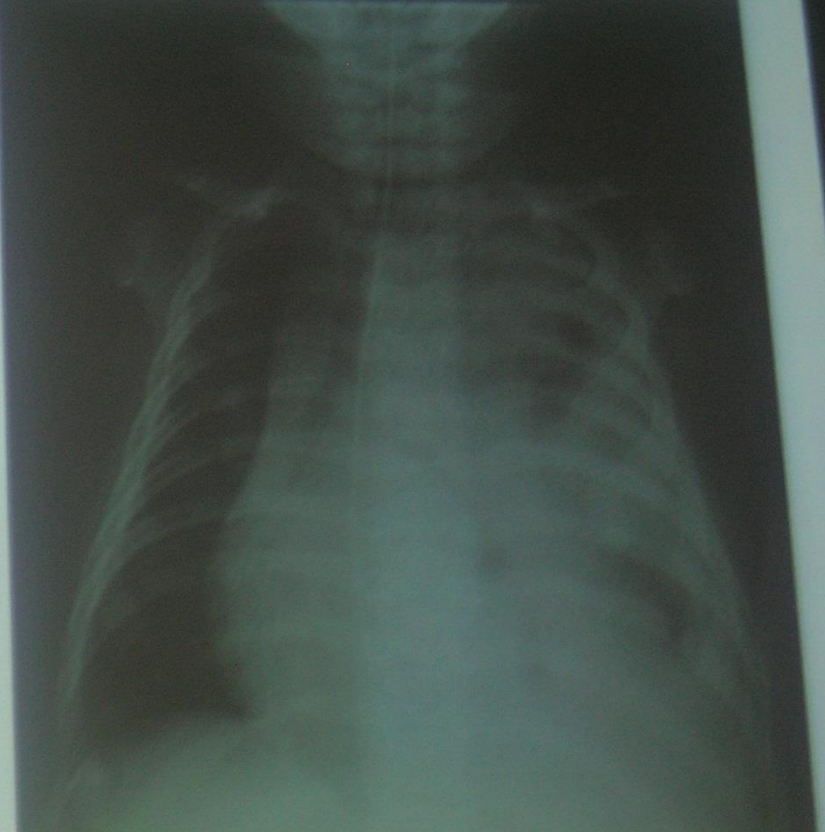


Empyema in the Left Side with Marked Mediastinal Shift

- A : Collapse of the left lung
- B : Obstructive emphysema of the right lung
- C : Empyema in the left side with marked Mediastinal shift .
- D : Right sided pneumothorax
- E : Total left lung consolidation with clearly visible air bronchogram

QUESTION NUMBER 7

Look at the following chest x ray of a 2-year-old boy with respiratory distress and select the single most probable underlying etiology explaining the apparent radiographic findings



Lt Lung Pneumonic Consolidation with Pneumatocele & Developing Empyema

- A :** Collapse of the left lung
- B :** Obstructive emphysema of the right lung
- C :** Massive Empyema in the left side with mild Mediastinal shift .
- D :** Left lung pneumonic consolidation with pneumatocele and developing Empyema .
- E :** Total left lung consolidation with clearly visible air bronchogram

QUESTION NUMBER 25

Look at the following chest x ray pa and lateral films of a 6-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings

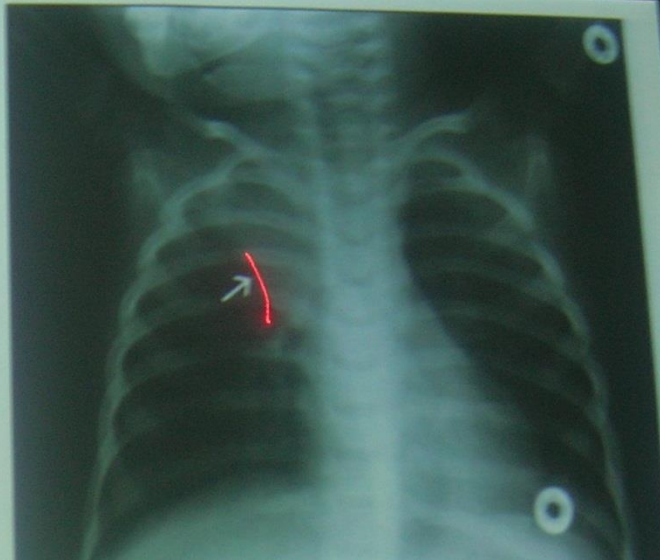


Left Upper Lobe Pneumonic Consolidation

- A : Left upper lobe collapse
- B : Right sided pneumothorax
- C : Left lower lobe obstructive emphysema .
- D : Left upper lobe pneumonic consolidation
- E : None of the above

QUESTION NUMBER 26

Look at the following chest x ray of a 1-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings marked by the white arrow



Collapse of Upper Lobe of Right Lung (Right Upper Lobe Segmental Collapse)

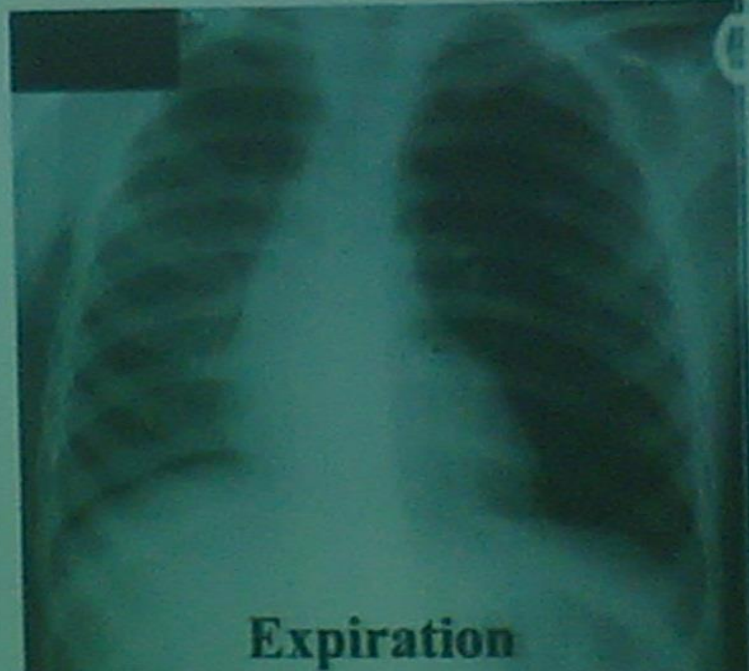
- A :** Collapse of the upper lobe of the right lung
- B :** Superior Mediastinal mass
- C :** Large ascending aorta
- D :** Prominent superior vena cava
- E :** Large thymus gland

QUESTION NUMBER 24

Look at the following two chest x ray films of a 2-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings



Inspiration



Expiration

Foreign Body In the Left Main Stem bronchus

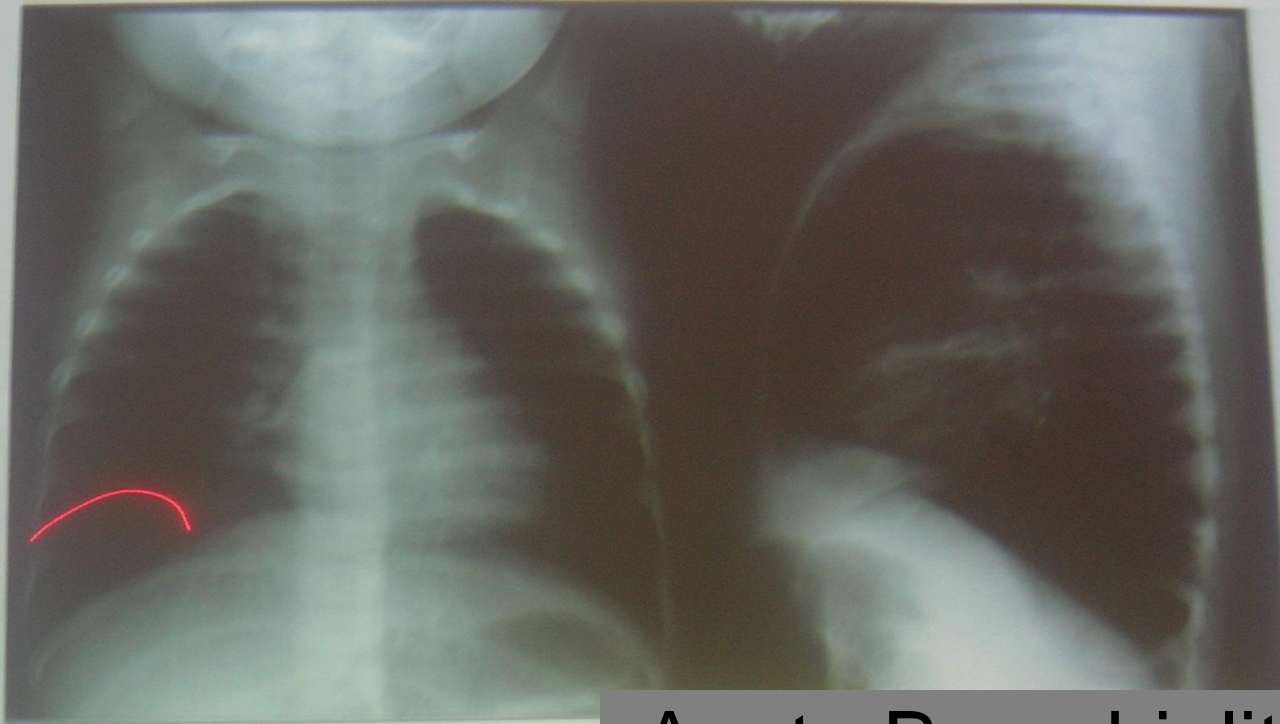
- A** : Acute bronchiolitis
- B** : Foreign body in the left main stem bronchus
- C** : Tension pneumothorax in the left side with marked Mediastinal shift .
- D** : Foreign body in the right main stem bronchus
- E** : Foreign body in the trachea

In Case of 2 Images (Inspiration & Expiration)

- i) If **Obstruction** is Suspected → Air Trapping
- ii) If **Effusion** is Suspected → Ipsilateral Decubitus
- iii) If **Pneumothorax** is Suspected → Contralateral Decubitus

QUESTION NUMBER 22

Look at the following two chest x ray films of a 6-month-old boy with respiratory distress and select the single most probable underlying etiology explaining the apparent radiographic findings

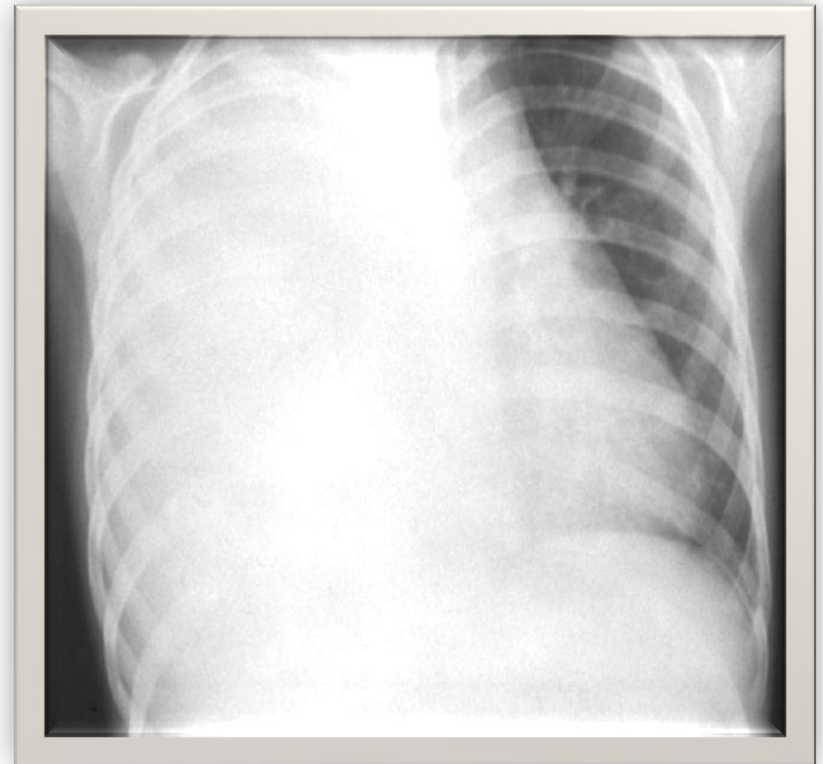


Acute Bronchiolitis

- A :** Right sided pneumothorax
- B :** Foreign body in the right main stem bronchus
- C :** Left sided obstructive emphysema .
- D :** Acute bronchiolitis
- E :** Laryngeal foreign body

Plain CXR in -one year old- boy with respiratory distress :

- A. Right sided pleural effusion**
- B. Right sided tension pneumothorax**
- C. Right sided pneumonia**
- D. Right sided hydro-pneumothorax**
- E. None of the above**



A

Plain CXR in -one year old- boy with respiratory distress:

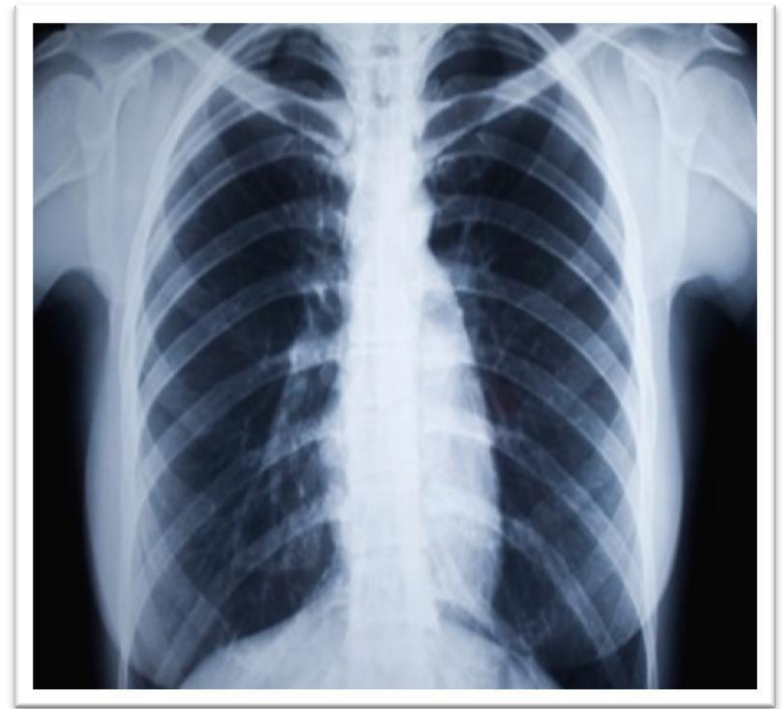
- A. Right sided pleural effusion**
- B. Right sided tension pneumothorax**
- C. Right sided pneumonia**
- D. Right sided hydro-pneumothorax**
- E. None of the above**



B

Plain CXR in 13 year-girl with severe respiratory distress:

- A. Foreign body aspiration**
- B. Bilateral pneumothorax**
- C. Acute asthma exacerbation**
- D. Bronchopneumonia**
- E. None of the above**



A

Abdomen X-Rays

- ***X-ray chest and abdomen shows:***

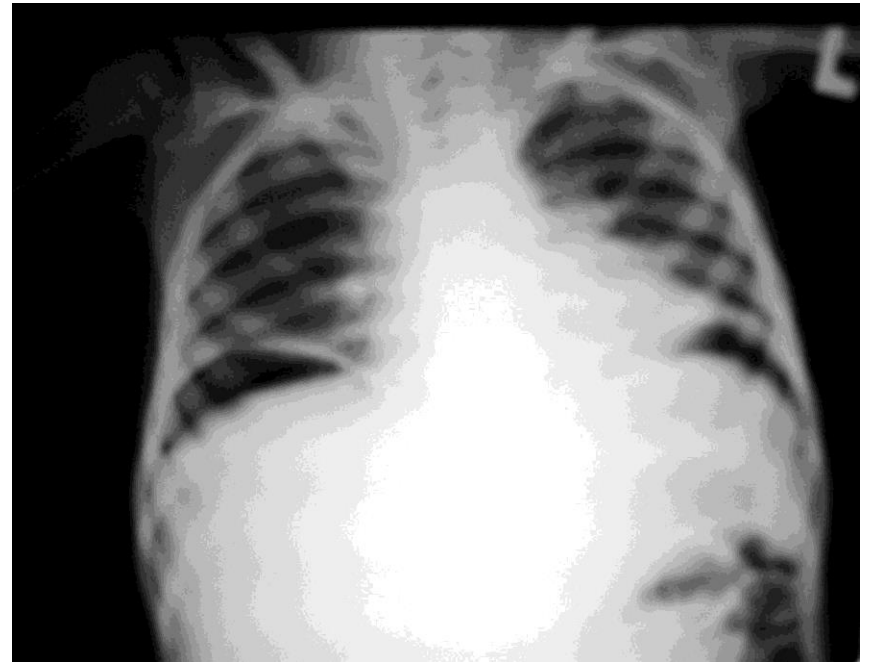
A- Increase cardio thoracic ratio.

B- Lung plethora.

C- Pneumoperitonium.

D- Lung emphysema.

D- Non of the above.

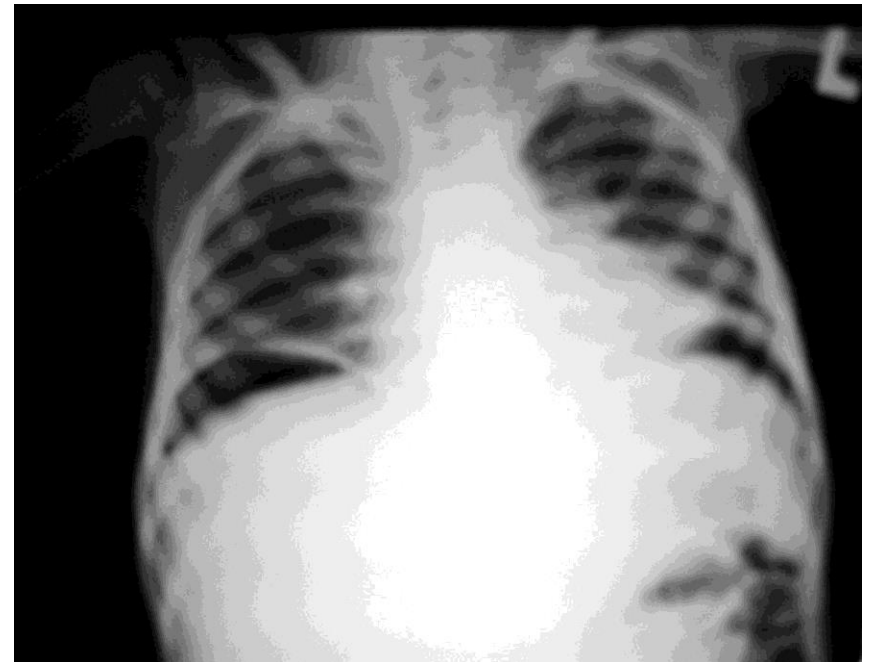


C

The cause of this pathology:

- A- Massive pneumonia.**
- B- Air swallow.**
- C- Rupture abdominal viscous.**
- D- Heart failure.**
- E- Non of the above.**

•

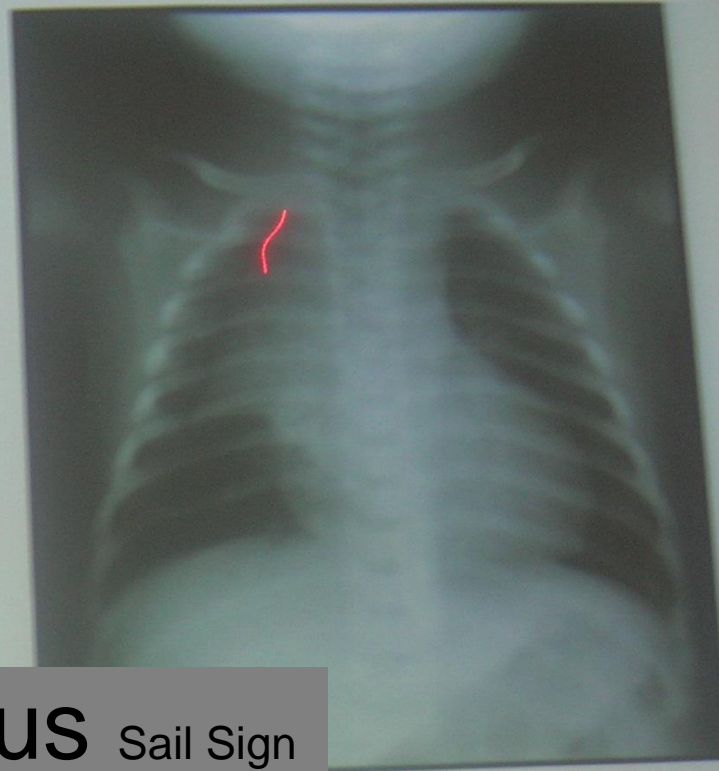


C

Mediastinum X-Rays

QUESTION NUMBER 17

Look at the following chest x ray of a 1-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings

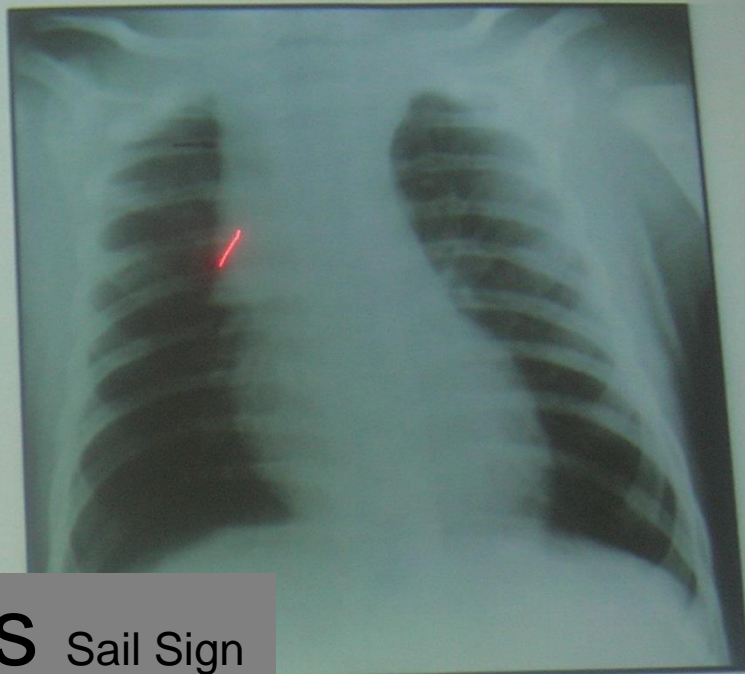


Normal Thymus Sail Sign

- A : Collapse of the upper lobe of the right lung
- B : Normal thymus
- C : Large ascending aorta
- D : Prominent superior vena cava
- E : Segmental consolidation of right upper lobe

QUESTION NUMBER 19

Look at the following chest x ray of a 1-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings

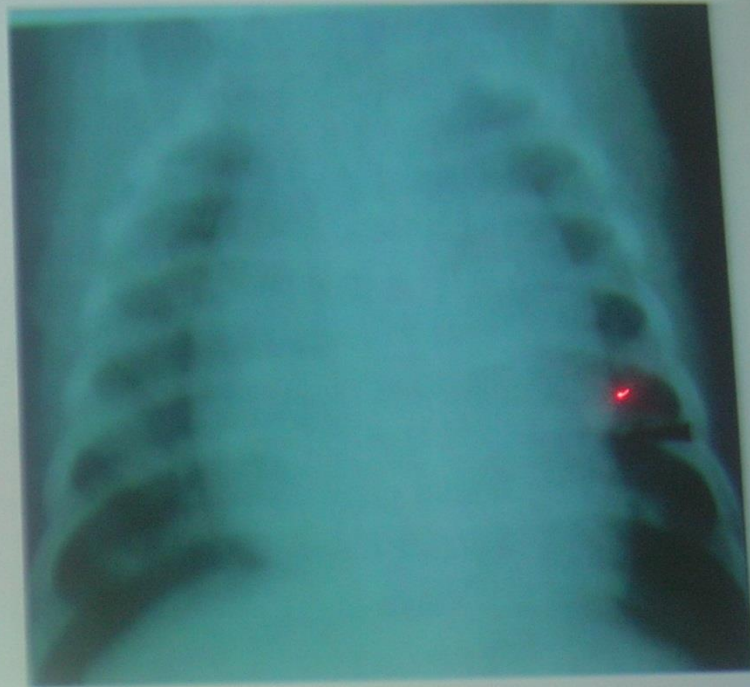


Normal Thymus Sail Sign

- A : Collapse of the upper lobe of the right lung
- B : Normal thymus
- C : Large ascending aorta
- D : Prominent superior vena cava
- E : Segmental consolidation of right upper lobe

QUESTION NUMBER 20

Look at the following chest x ray of a 1-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings



Normal Thymus

Wave Sign
Notch Sign

- A : Pericardial effusion
- B : Normal thymus
- C : Middle Mediastinal mass
- D : Markedly dilated pulmonary artery in PS.
- E : Marked left atrial enlargement in VSD

QUESTION NUMBER 15

Look at the following chest x ray of a 1-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings



Normal Thymus

Wave Sign

Pericardial effusion

Normal thymus

Middle Mediastinal mass

Cardiomegaly secondary to left to right shunt

Marked right atrial enlargement in Ebstein's anomaly

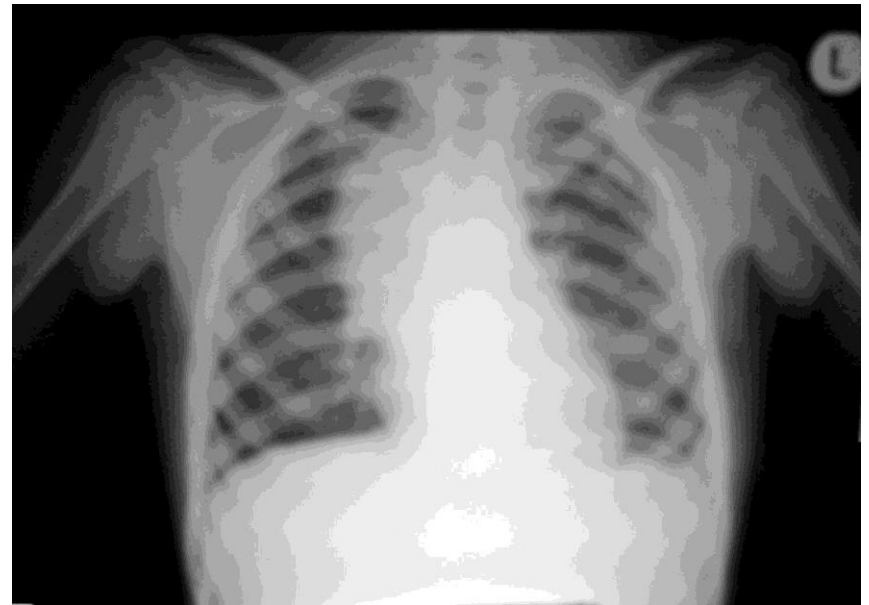
The X-ray shows:

A- Obliterated left costophrenic angle.

B- Central mediastinum

C- Paratrachial swelling.

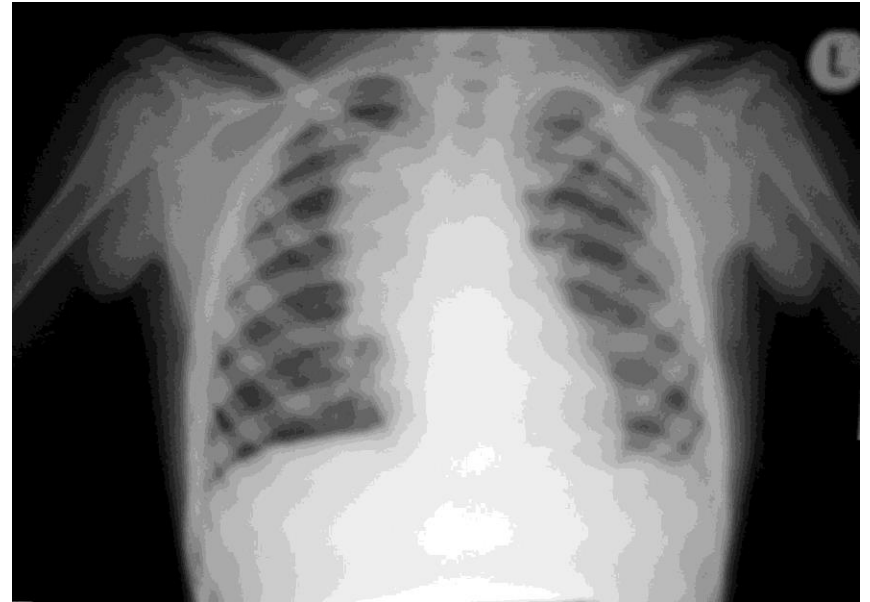
D- All of the above.



D

The most probable diagnosis is:

- A- Right upper lobe pneumonia**
- B- Upper mediastinal mass**
- C- Bronchopneumonia**
- D- Emphysema**



B

Rickets X-Rays

- ***The most probable diagnosis of this x-ray is:***

A- Healing Rickets.

B- Healed Ricktes.

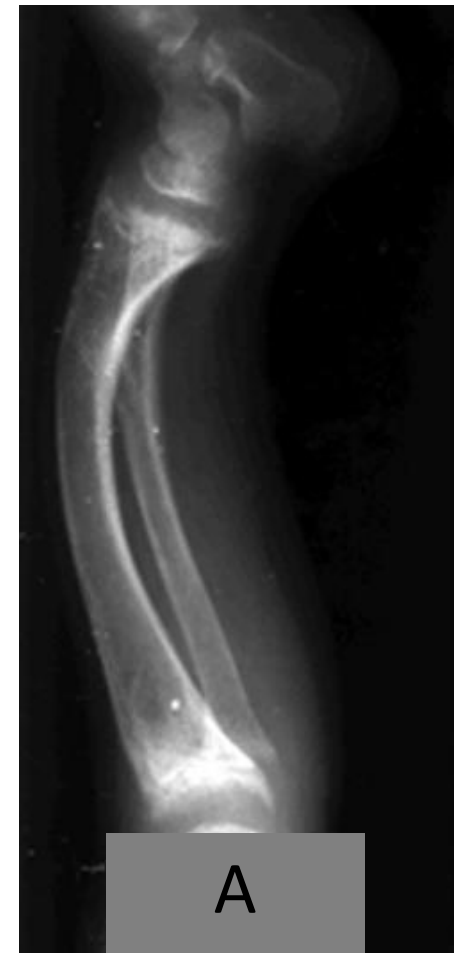
C- Critinism

D-Chronic hemolytic anaemia



- ***The most probable diagnosis of this x-ray is:***

- A- Healing Rickets.**
- B. Active Rickets**
- C- Healed Ricktes.**
- D- Critinism**
- E- Chronic hemolytic anaemia**



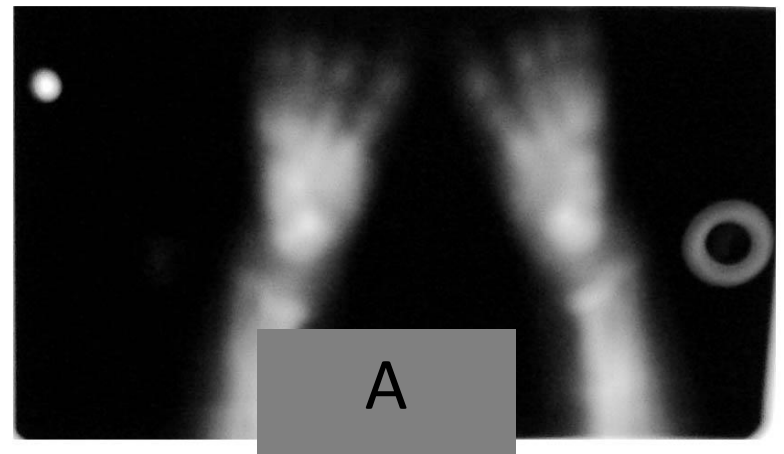
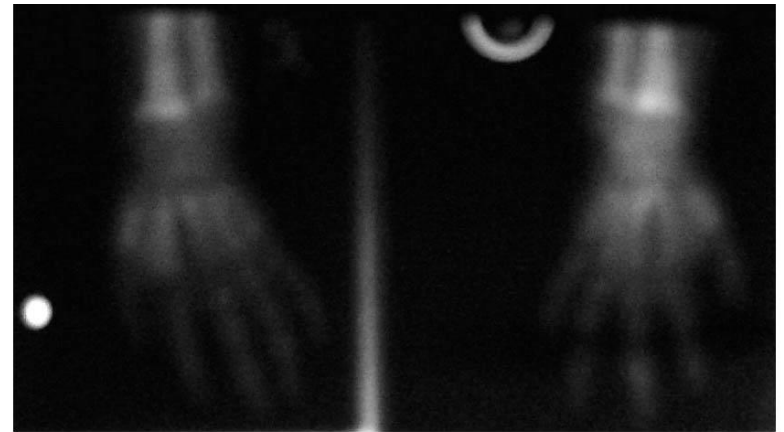
- ***The most probable diagnosis of this x-ray is:***

A- Healing Rickets.

B- Healed Ricktes.

C- Critinism

D-Chronic hemolytic anaemia





■ **Plain x-ray both legs shows:**

A-widening ,cupping& fraying

B-normal density of bone

C-line of provisional calcification

D- green stick fracture

E-non of the above

C

QUESTION NUMBER 12

Look at the following x ray of the hand and forearm and select the single most probable underlying diagnosis explaining the apparent radiographic findings

- A : Active rickets in a 10 months old boy
- B : Healing rickets in 12 months old boy
- C : Vitamin D resistant rickets
- D : Hypervitaminosis D
- E : Healed rickets in a 15 months old boy



QUESTION NUMBER 12

Look at the following x ray of the hand and forearm and select the single most probable underlying diagnosis explaining the apparent radiographic findings

- A : Active rickets in a 10 months old boy
- B : Healing rickets in 12 months old boy
- C : Vitamin D resistant rickets
- D : Hypervitaminosis D
- E : Healed rickets in a 15 months old boy



Active Rickets in a 10 Month Old Boy

Fraying – Fracture

Skull X-Rays

- ***The most probable diagnosis of this x-ray is:***

A- Hydro cephalus.

B- Craniostenosis.

C- Critinism

D- Chronic hemolytic anaemia



D

QUESTION NUMBER 13

Look at the following skull lateral view of a 7-year-old baby and select the single most probable underlying etiology explaining the apparent radiographic findings



- A :** Iron deficiency anemia
- B :** Acute leukemia with bone infiltration
- C :** Acute hemolytic anemia following ingestion of fava beans
- D :** Beta thalassemia major
- E :** Aplastic anemia

Beta Thalassemia Major

- 1-Hair on End Appearance
- 2- Prominent Bone Trabeculae

Hypothyroidism X-Rays

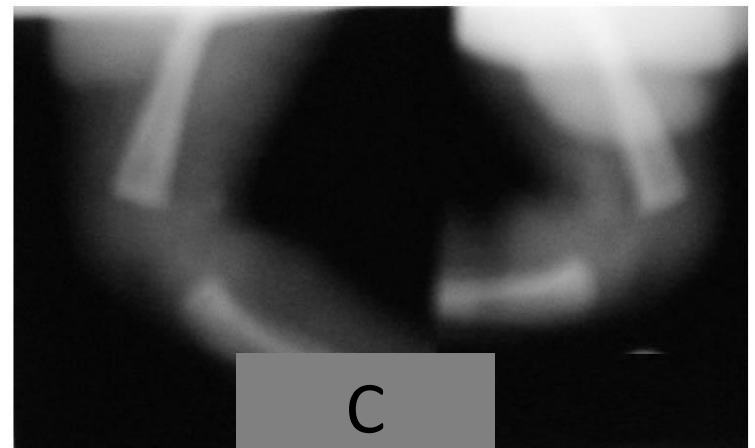
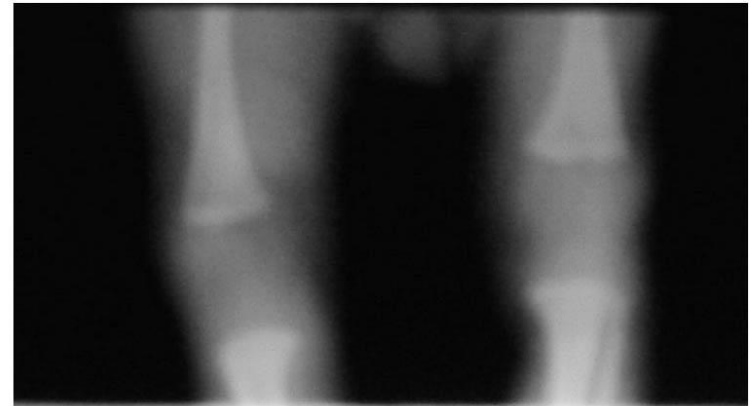
- ***The most probable diagnosis of this x-ray is:***

A- Healing Rickets.

B- Healed Ricktes.

C- Critinism

D-Chronic hemolytic anaemia



C

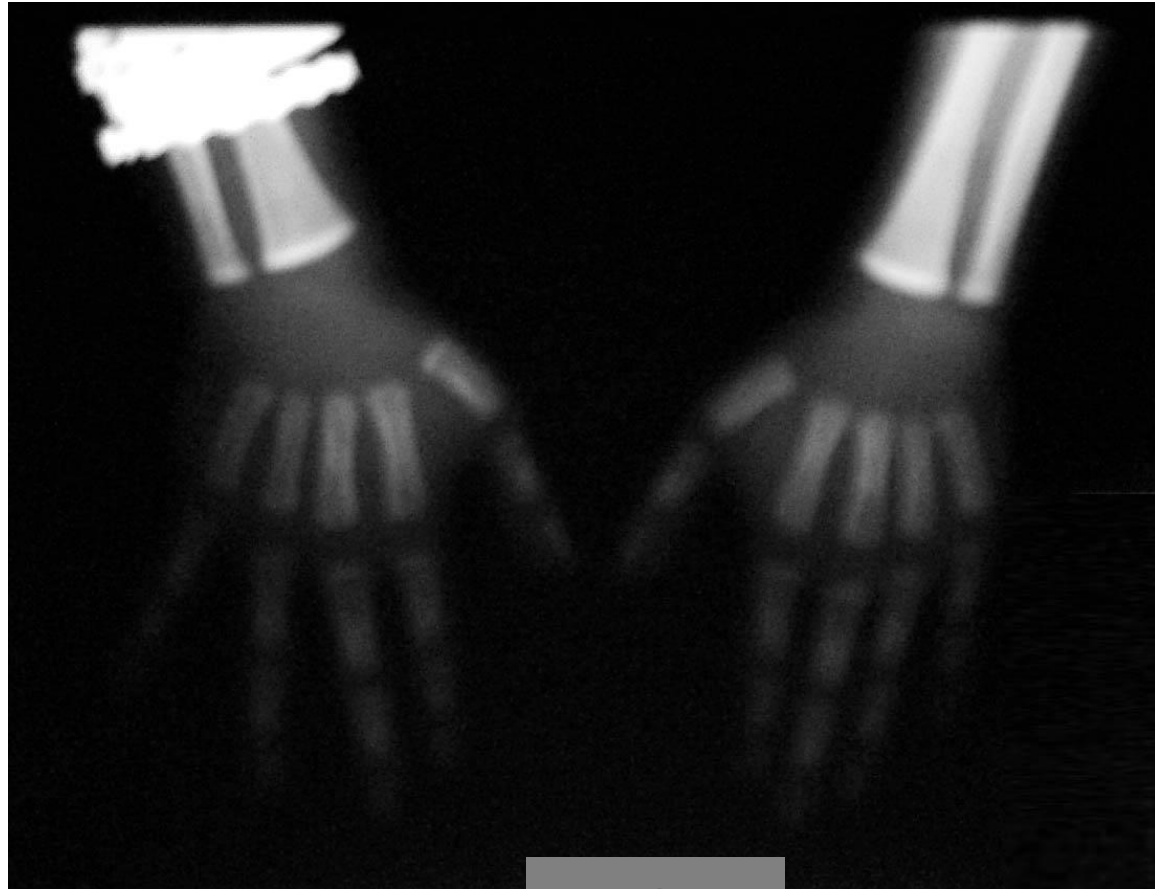
- ***The most probable diagnosis of this x-ray is:***

A- Healing Rickets.

B- Healed Ricktes.

C- Critinism

**D- Chronic hemolytic
anaemia**



C

This radiological sign of –three year- old boy is suggestive of:

- A. Normal healthy child**
- B. Hypothyroidism**
- C. Healing rickets**
- D. Beta thalassemia**
- E. Healed rickets**



Bone X-Rays

QUESTION NUMBER 11

Look at the following x ray of the hand and arm and select the most probable bone age explaining the apparent radiographic findings

- A : 3 years
- B : 2 years
- C : 18 months
- D : 5 years
- E : 12 months



3 Years

Infection Images

- A patient 5 year old presented with fever followed after 2 day by papular rash starting on the face and trunk. The probable diagnosis is:

A- Chickenpox
B- Measles
C- German measles
D- Infectious mononucleosis
E- Raseola infantum



A

Your Diagnosis:

- a) Skin allergy
- b) Anaphylactoid purpura
- c) Measles
- d) Chicken pox
- e) burn



D

A patient 3 year old presented with high fever followed on the 4th day by maculopapular rash starting on the face followed by the trunk and disappears in 7-10 days. The probable diagnosis is:

- A. Chickenpox**
- B. Measles**
- C. German measles**
- D. Infectious mononucleosis**
- E. Roseola infantum**



B

The picture shows child with:

A– Sternomastoid tumor

B- Parotid tumor

C- Mumps

D- Cervical lymphadenopathy

E-Non of the above.



D

The picture shows child with:

A– Submandibular swelling

B- Parotid tumor

C- Mumps

D- Apical tooth abscess

E-Non of the above.



The picture shows child with:

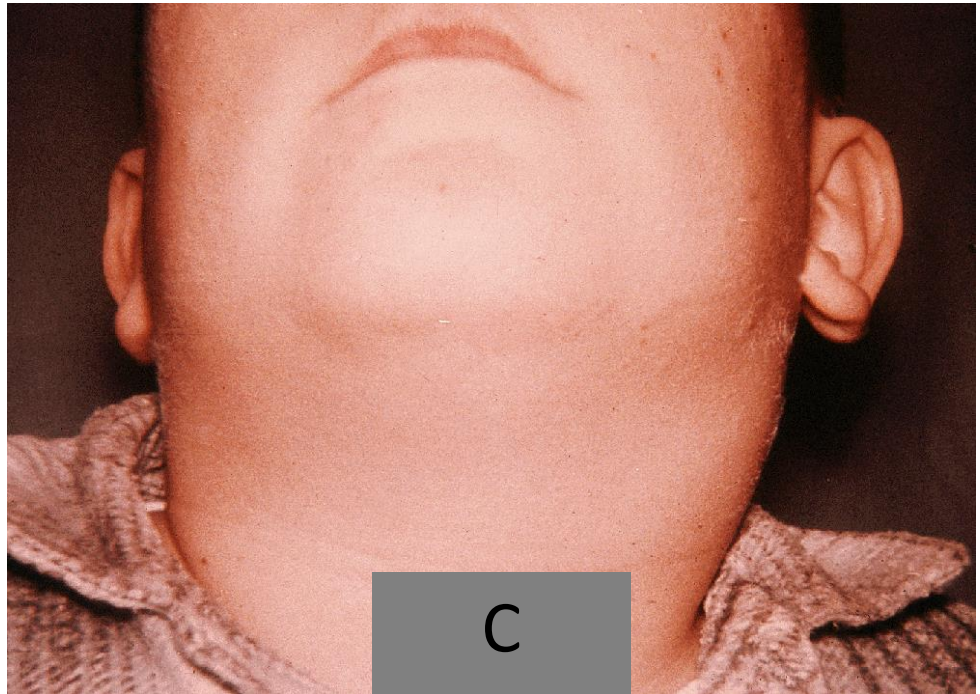
A– Left mandibular swelling.

B- Sternomastoid tumor.

C- Mumps.

D- Apical tooth abscess.

E-None of the above.



This swelling is characterized by the following except

- A. The swelling is accompanied by moderate fever
- B. A maculo-papular Erythematous rash most prominent on trunk occurs frequently
- C. Incubation period is 2-3 weeks
- D. Cause elevation of the ear pinna
- E. May be unilateral or bilateral



**male child aged 5 years present
by mild fever,maculopapular rash
,Neck swelling, Diagnosis:**

- A. Measles**
- B. German measles**
- C. Infectious mononucleosis**
- D. Raseola infantum**
- E- scarlet fever**



B

**Female child aged 7 years present
by fever, macular rash and glossitis**

Diagnosis:

- A. Measles**
- B. German measles**
- C. Infectious mononucleosis**
- D. Roseola infantum**
- E- scarlet fever**



E

A patient 7 year old presented with high fever followed on the 4th day by maculopapular rash starting on the face followed by the trunk and disappears in 7-10 days. The probable diagnosis is:

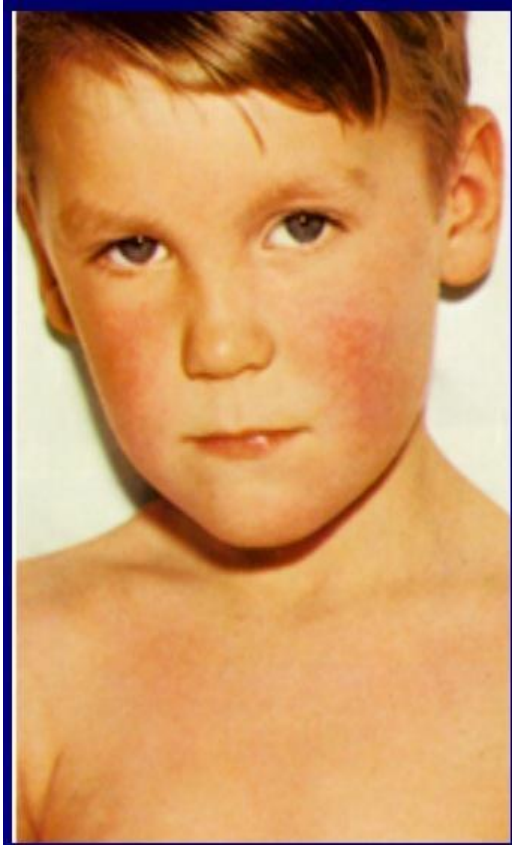
- A. Chickenpox**
- B. Measles**
- C. German measles**
- D. Infectious mononucleosis**
- E. Roseola infantum**



B

The skin rash of this baby is typical of:

- A. German measles**
- B. Chickenpox**
- C. Measles**
- D. Scarlet fever**
- E. Infantile eczema**



D

The skin rash of this baby is typical of:

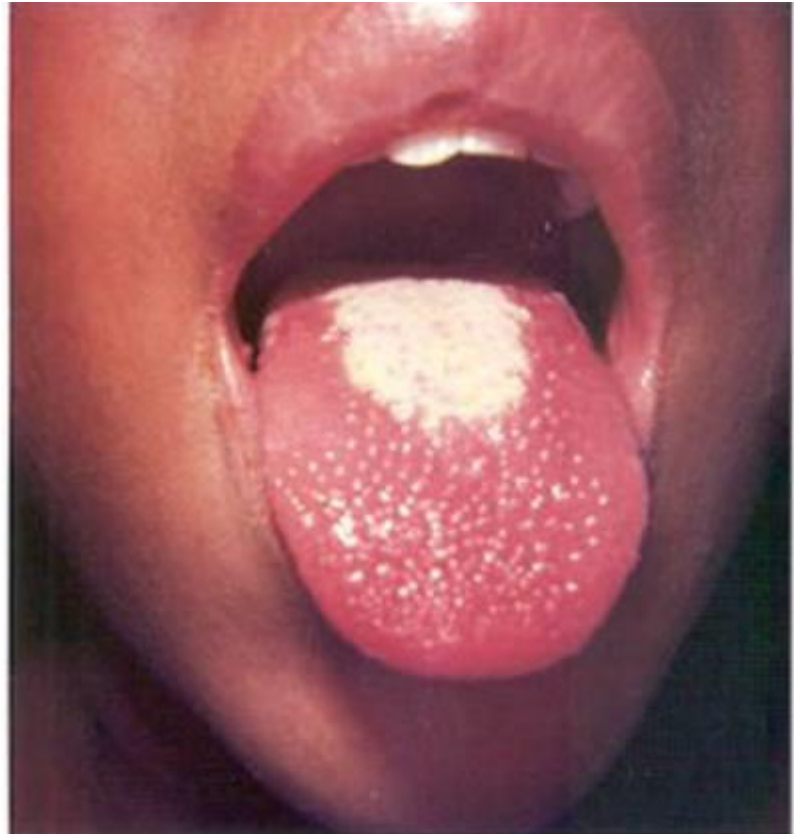
- A. German measles**
- B. Chickenpox**
- C. Measles**
- D. Scarlet fever**
- E. Roseola Infantum**



E

The tongue of this baby is typical of:

- A. German measles**
- B. Oral moniliasis**
- C. Measles**
- D. Scarlet fever**
- E. Roseola Infantum**



- **This tongue sign is pathognomonic of:**

- 1. Measles**
- 2. German measles**
- 3. Erythema infectiosum**
- 4. Scarlet fever**
- 5. Kawasaki disease**



D

The picture shows a case of

- A) Measles
- B) Herpetic stomatitis
- C) Diphtheria
- D) Scarlet fever
- E) Normal tongue



D

What is the diagnosis

- A – Chicken pox**
- B- Herpes virus**
- C- Scarlet fever**
- D- Fifth disease**
- E- Insect bites**



A



10-21 days

The incubation period of this condition is

- A. 2 – 4 days
- B. 5 – 10 days
- C. 10 – 21 days
- D. 3 – 6 weeks
- E. 6 weeks – 6 months

This child had fever for 4 days followed by rash. The condition is:

- A) Measles
- B) Scarlet fever
- C) Chicken pox
- D) Drug allergy
- E) Extensive insect bites



A

This is a healthy 1 month old baby. What is being done?

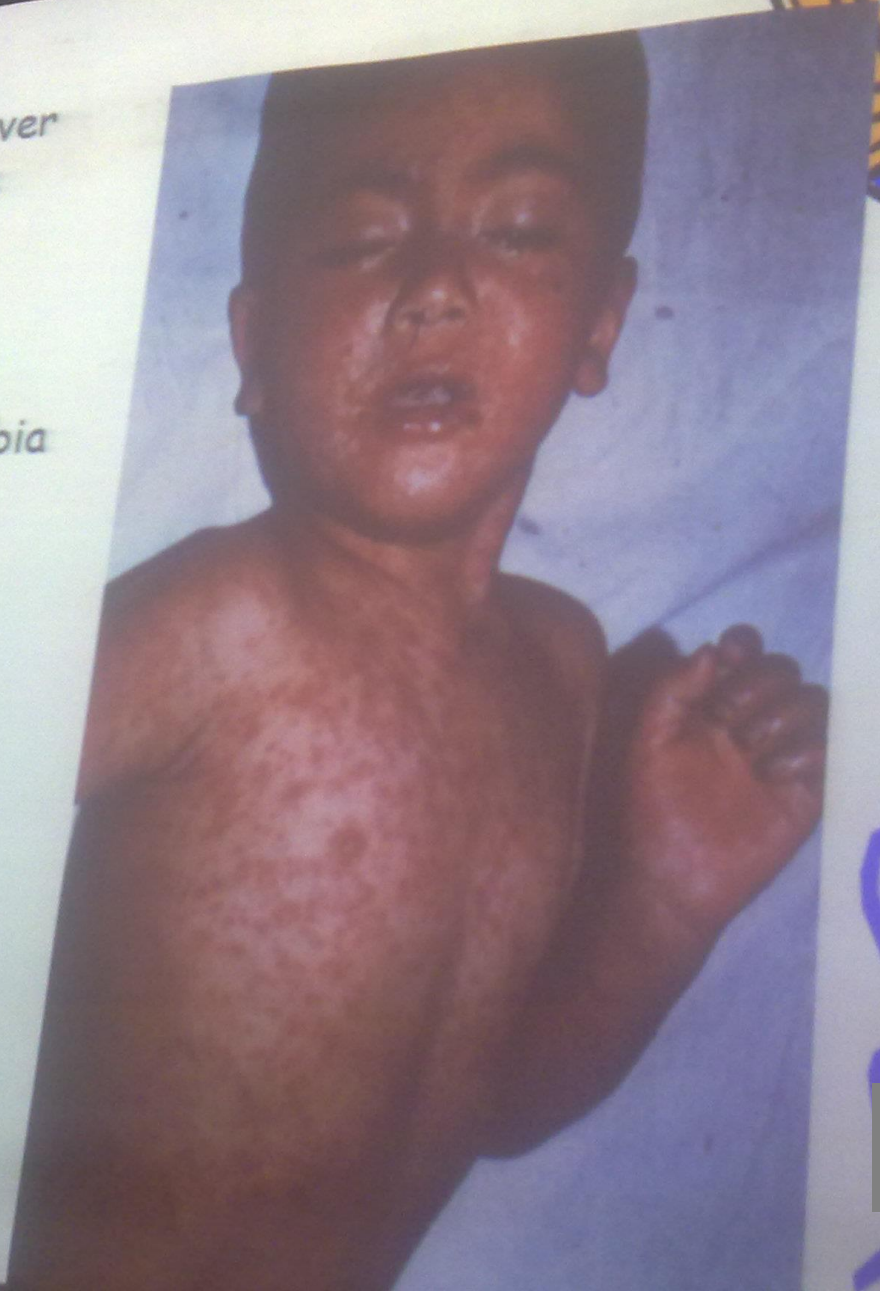
- A – Taking a blood sample**
- B- Giving first dose of DPT vaccine**
- C- Doing a tuberculin test**
- D- Giving BCG vaccine**
- E- Giving hepatitis B immunoglobulins**



D

The child is complaining of fever and rash. the following is true about the picture except:

- a. Conjunctivitis and photophobia
- b. Maculopapular rash
- c. The rash covers the whole body
- d. The rash appears on the 1st day of fever
- e. Runny nose & Stomatitis



12 years old girl had fever, multiple skin lesions over the trunk appear in crops. What is the incubation period

- a. 2-3 weeks
- b. 1-2 weeks
- c. 2-4 days
- d. 7-10 days
- e. 10-15 days



2. This is a goose skin-like eruption, it is characteristic of:

- A. German measles
- B. Measles
- C. Scarlet fever
- D. Erythema infectiosum
- E. Roseola infantum



Station No. 2

This boy developed fever, running nose and these lesions, two days later a generalized maculopapular rash appeared. The most probable diagnosis is:

- A- Measles
- B- German Measles
- C- Roseola infantum
- D- Chicken pox
- E- Infectious mononucleosis



Question # 4

Eight years old girl with fever and these skin lesions over the face and trunk. What is your diagnosis?



- A- Measles
- B- German Measles
- C- Roseola infantum

- D- Fifth Disease
- E- Infectious mononucleosis

D

Station No. : Visual Diagnosis

1. This patient develop rash at the same day of fever. The rash is characterized by the followings except:

- A. Appears in crops
- B. Pleomorphic
- C. Pruritis in usually absent
- D. Numerous over chest and back
- E. Incubation period is 2 – 3w.



Question 5

A 7 years old girl developed high fever, skin rash. What is your diagnosis

A- Measles

B- German Measles

C- Roseola infantum

D- Scarlet fever

E- Infectious mononucleosis



The tongue of this baby shows a lesion which is called :

- a. White strawberry tongue
- b. Herpes simplex
- c. Oral moniliasis
- d. Vitamin B complex deficiency



Which of the following exanthematous disease is associated with this sign:

- A. German measles**
- B. Measles**
- C. Scarlet fever**
- D. Chickenpox**
- E. Erythema infectiosum**



C

The skin rash of this child is typical of:

- A. Chickenpox**
- B. Measles**
- C. Scarlet fever**
- D. Eczema**
- E. Papular urticaria**



B

Neurology Images

This picture shows infant aged 8mon. with history of neonatal cyanosis and was treated in ICU for 3 weeks and discharged on sominaleta therapy. The diagnosis is:

- A. Febrile convulsion**
- B. Cerebral palsy.**
- C. Tetanus**
- D. Meningo-encephalitis**
- E. Hypocalcaemia.**



**These two pictures shows infant
aged 10 months
with fever,convulsion&coma**

The diagnosis is:

- A. Febrile convulsion**
- B. Measles**
- C. tetanus**
- D. Meningo-encephalitis**
- E. hypocalcaemia**



Fig. 53 Opisthotonos.



Fig. 54 Menin

D

Male infant aged one month come with rapidly progressive macrocephaly.

The most probable diagnosis is:

- A- Rickets.**
- B- Hypothyroidism.**
- C- Brain tumor.**
- D- Hydrocephalus.**
- E- Non of the above.**



D

This is a boy 3m. Old, presented with the following picture. Mention the diagnosis:

- A. Osteogenesis imperfecta**
- B. Familial macrocephaly**
- C. Hydrocephalus**
- D. Rickets**
- E. Achondroplasia**



C

**The most useful
diagnostic test for
this child's condition
is**

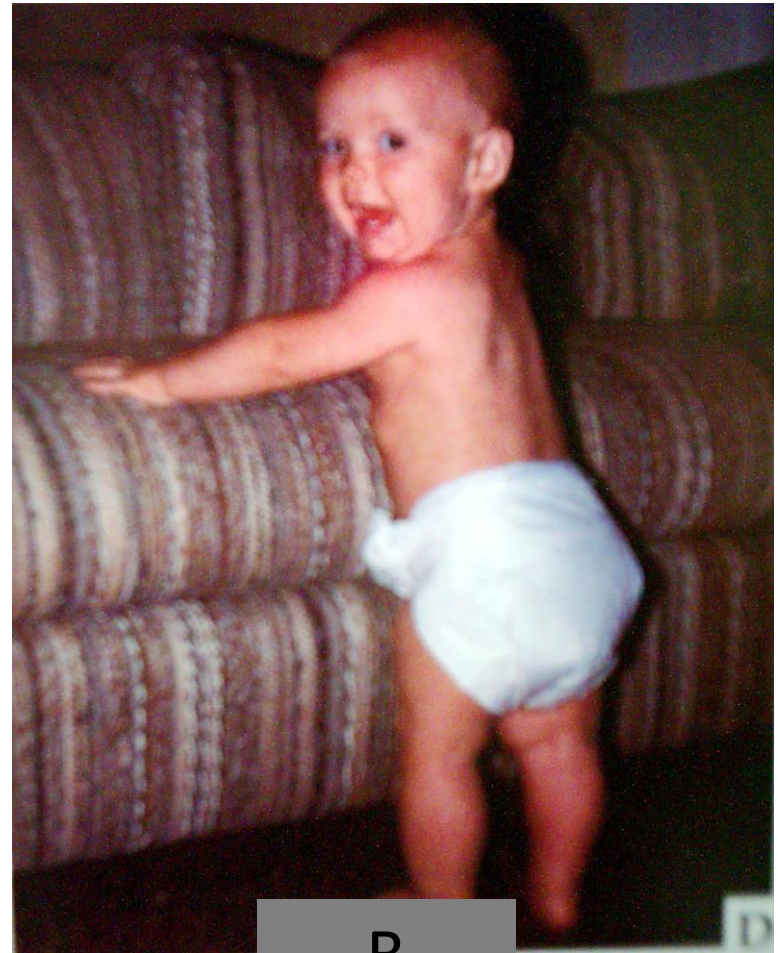
- A) Hb electrophoresis**
- B) Thyroid function tests**
- C) Lumbar puncture**
- D) CT scan of the brain**
- E) X ray of wrist joints**



D

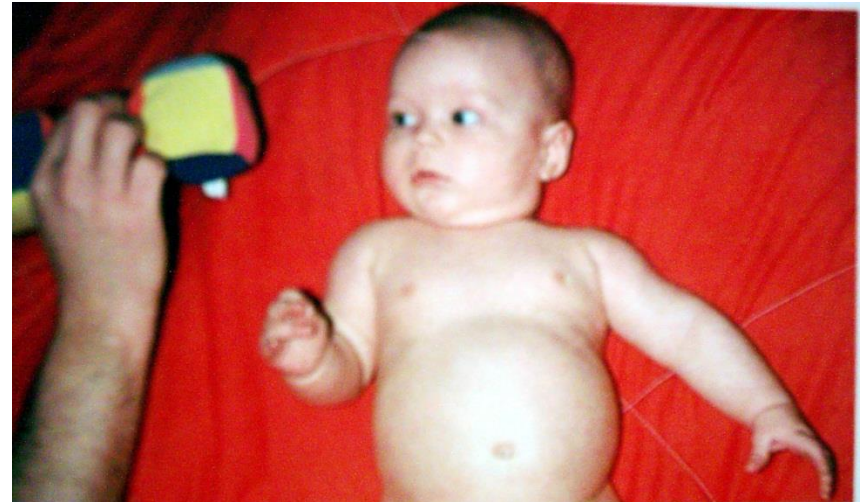
Development Images

- **The age of this infant is:**
 - A. 10 month.**
 - B. 12 month.**
 - C. 14 month.**
 - D. 15 month.**
 - E. 16 month.**



B

- **The age of this infant is:**
 - A. 1 month**
 - B. 2month**
 - C. 4month**
 - D. 5month**
 - E. 6month**



B

- **The age of this infant is:**

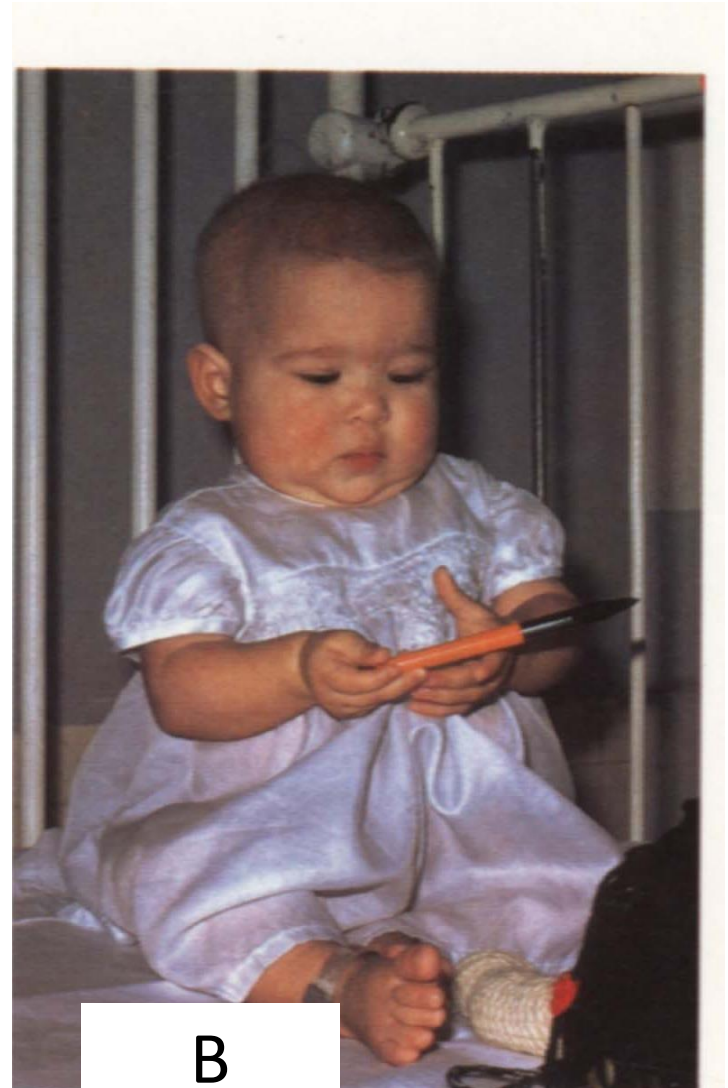
- A- 8 month**
- B- 9 month**
- C- 12 month**
- D- 15 month**
- E- 16 month**



C

• **The age of this infant is:**

- A. 8 month**
- B. 9 month**
- C. 12 month**
- D. 15 month**
- E. 16 month**



B

- **The age of this infant is:**
 - A. 8 month**
 - B. 9 month**
 - C. 12 month**
 - D. 15 month**
 - E. 16 month**



B

The age of this infant is:

- A. 8 month**
- B. 9 month**
- C. 12 month**
- D. 15 month**
- E. 16 month**



B

This is a normally developing infant. He just started this motor skill. The expected age is

- A) 4 months
- B) 6 months
- C) 9 months
- D) 12 months
- E) 15 months



C

This is a normally developing infant. She just started this motor skill. The expected age is

- A) 4 months
- B) 6 months
- C) 9 months
- D) 12 months
- E) 15 months



C



6 months

The age of this infant is:

A- 4 month

B- 5 month

C- 6 month

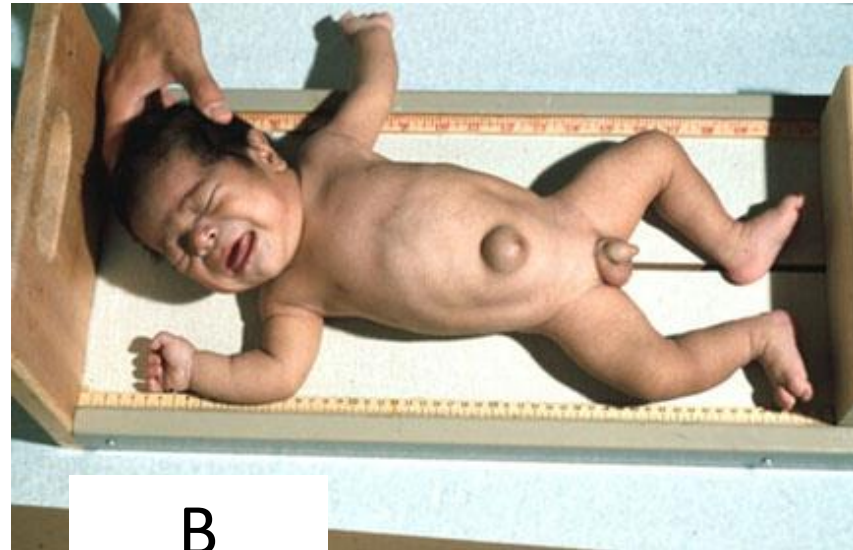
D- 7 month

E- 8 month

Hypothyroid Images

The most useful investigation for this child's condition is

- A) Plain X ray abdomen
- B) T4 and TSH levels
- C) Karyotyping
- D) Complete blood picture
- E) Hb electrophoresis



B

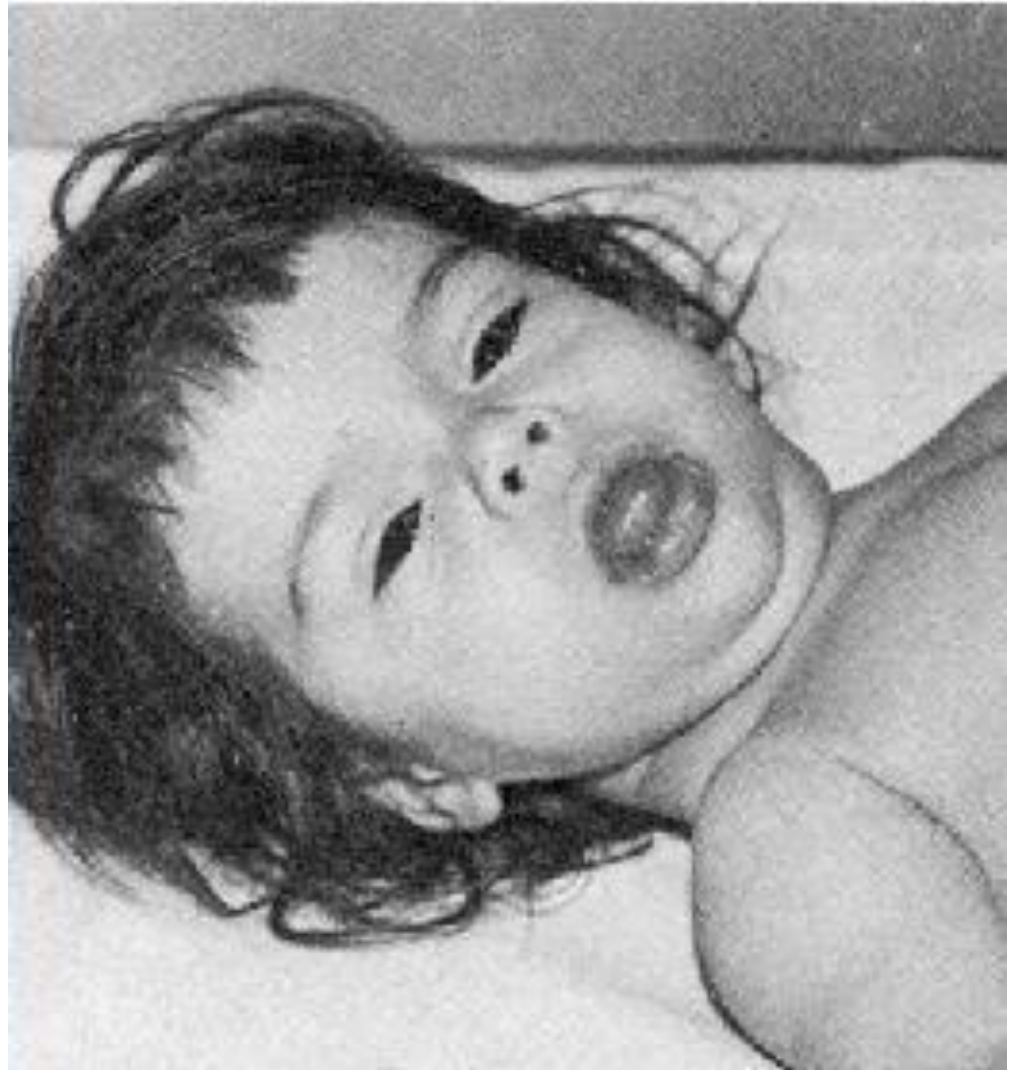
Your Diagnosis :

- a) Thalassemia
- b) Cretinism
- c) Kwashirkor
- d) Down Syndrome
- e) Normal Child



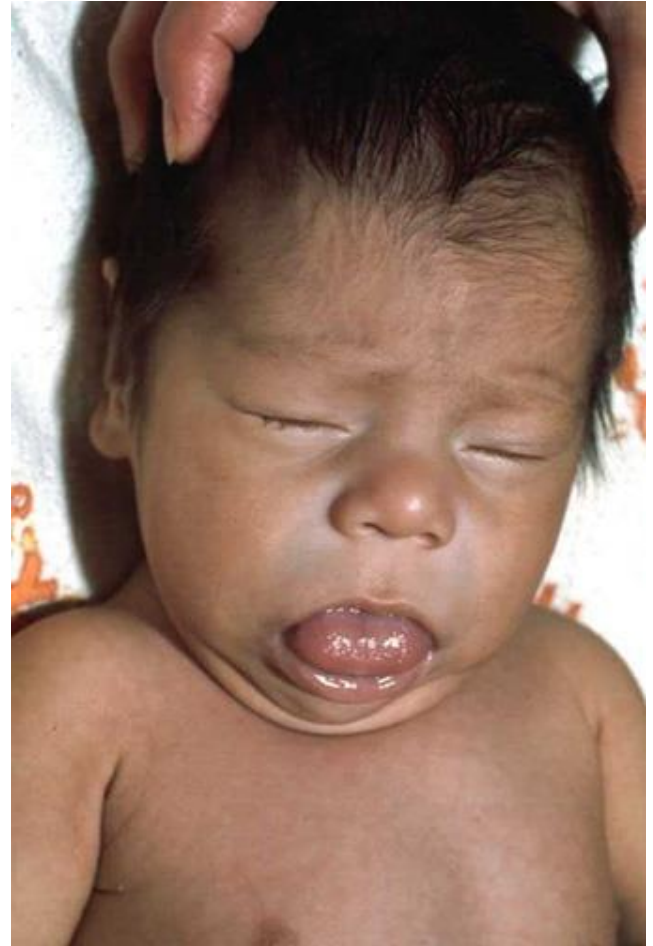
Your Diagnosis :

- a) Thalassemia
- b) Cretinism
- c) Kwashirkor
- d) Down Syndrome
- e) Normal Child



Your Diagnosis :

- a) Thalassemia
- b) Cretinism
- c) Kwashirkor
- d) Down Syndrome
- e) Normal Child



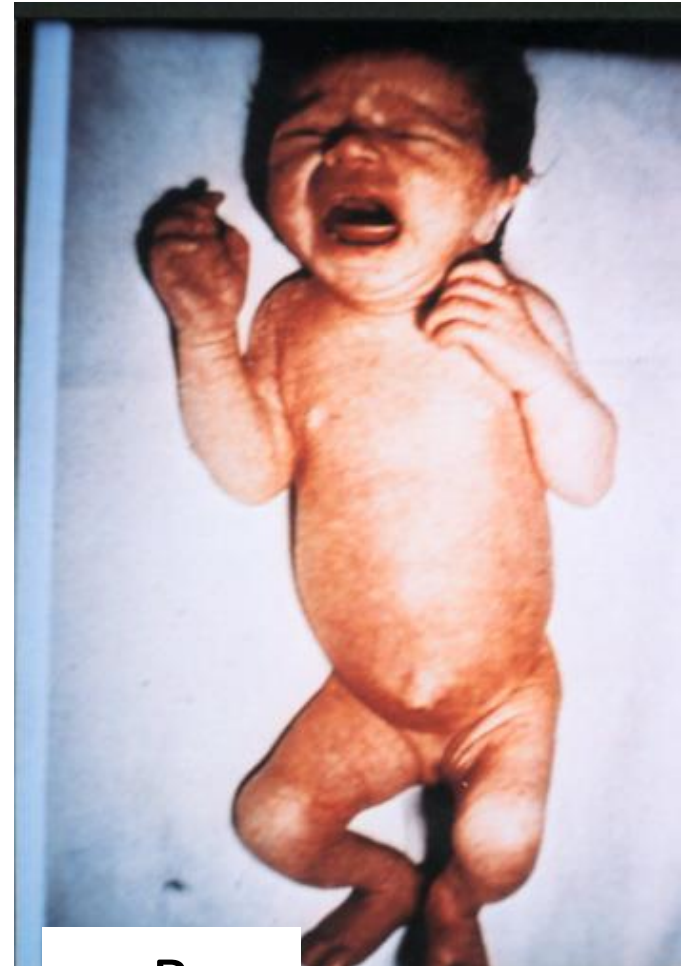
Your Diagnosis :

- a) **Thalassemia**
- b) **Cretinism**
- c) **Kwashirkor**
- d) **Down Syndrome**
- e) **Normal Child**



- The following is a picture of a boy aged 3 day. The mother complain that her baby has frequent chocking, poor activity, and sleeping most of the day. cold extremities. This baby could be diagnosed as:

- A- Down syndrome
- B- Cretinism
- C- Intra uterine growth retardation.
- D- Neonatal septicemia.
- E- None of the above.



B

- The following is a picture of a boy aged one month. The mother complains that her baby has frequent choking, poor activity, and sleeping most of the day. Examination reveals prolonged physiological jaundice and cold extremities. This baby could be diagnosed as:
 - A. Biliary atresia
 - B. Breast milk jaundice
 - C. Cretinism
 - D. Down syndrome
 - E. Crigler–Najjar syndrome





All of the above

This picture shows:

A-buffy eye lids

B-coarse features

C-umblical hernia

D-swelling of hand

E-all of the above

Male adolescent aged 13 years present with neck swelling and cold intolerance, the cause is:

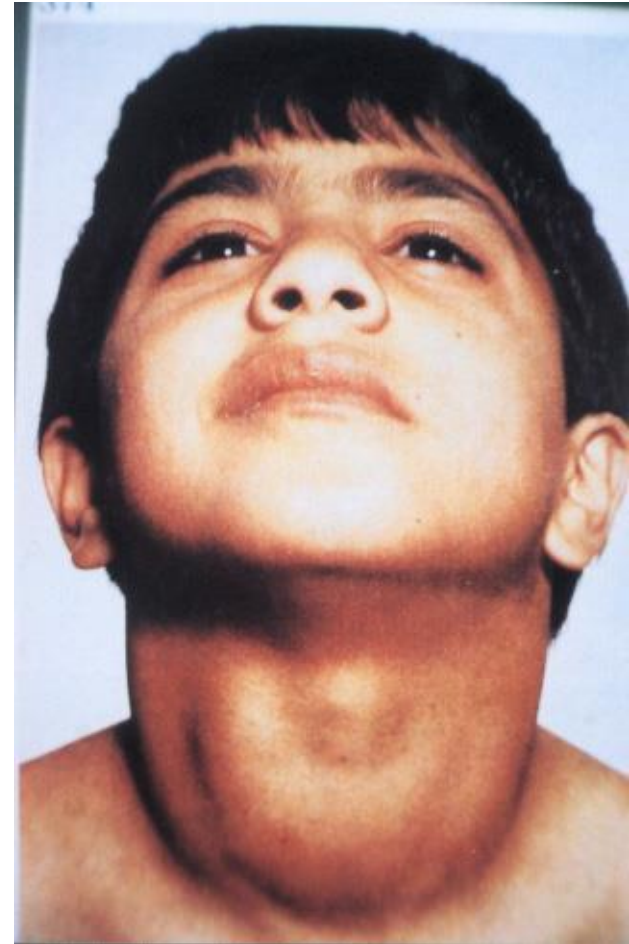
A –Endemic iodine deficiency.

B- dysmorphogenesis

C- Thyroiditis

D- goiterogens

E- all of the above



E

• The following is a picture of twin aged 2 weeks. The mother complain that both babies have frequent chocking, poor activity, and sleeping most of the day. Examination reveals prolonged physiological jaundice and cold extremities and neck swelling. This twin could be diagnosed as:

- A- Secondary hypothyroidism.
- B- Goiterus hypothyroidism.
- C- Hypoplastic thyroid gland.
- D- Ectopic thyroid gland.
- E- Non of the above.



Question 2

This 4 months old sleeps much and has constipation. What is the most diagnostic test?

- A- T4 and TSH
- B- Barium enema
- C- EEG
- D- Karyotyping
- E- CT scan of the brain



A

Down syndrome Images

Infant aged one year come with developmental delay and hypotonia.

Diagnosis is:

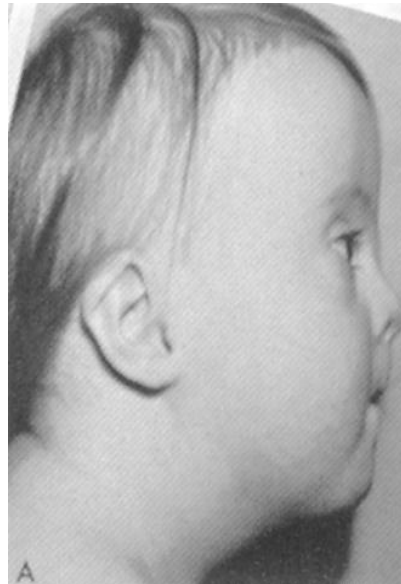
A – Resistant rickets.

B- Down's syndrome.

C- Cerebral policy.

D- Micro cephal.

E- Non of the above.



All the following statements are true regarding this condition EXCEPT

- A- This is a chromosomal abnormality
- B- Most common form is the translocation type
- C- Congenital heart disease is present in 50% of cases
- D- More liable to occur with increase maternal age
- E- Children with this condition are more liable to develop leukemia than healthy children



Question 1

It is likely this baby has which of the following?

A- Congenital hypoparathyroidism

B- Congenital hypothyroidism

C- An extra chromosome 21

D- Congenital cyanotic heart disease

E- Biliary atresia



C

This fold is characteristic of:

- A-down syndrome
- B-cretinism
- C-turner syndrome
- D-rickets
- E-kwashiorkor



Cardiology Images

Finger and toes shows :

- A – 3 degree pale clubbing.**
- B- Nails in iron deficiency.**
- C- 2 degree cyanotic clubbing.**
- D- 3 degree cyanotic clubbing.**
- E- Non of the above.**



D

Malnutrition Images

The physical sign shown is

- A) Genu varum
- B) Genu valgum
- C) Genu recurvatum
- D) Haemarthrosis
- E) Scissoring of the lower limbs



B

Question 5

The physical sign shown is

- A) Genu varum
- B) Genu valgum
- C) Genu recurvatum
- D) Haemarthrosis
- E) Scissoring of the lower limbs



A

This 2 pictures shows manifestations of:

A –Osteoporosis.

B- Bone deformity.

C- Rosary beads of chest wall and widening of epiphysis.

D- All of the above.



C

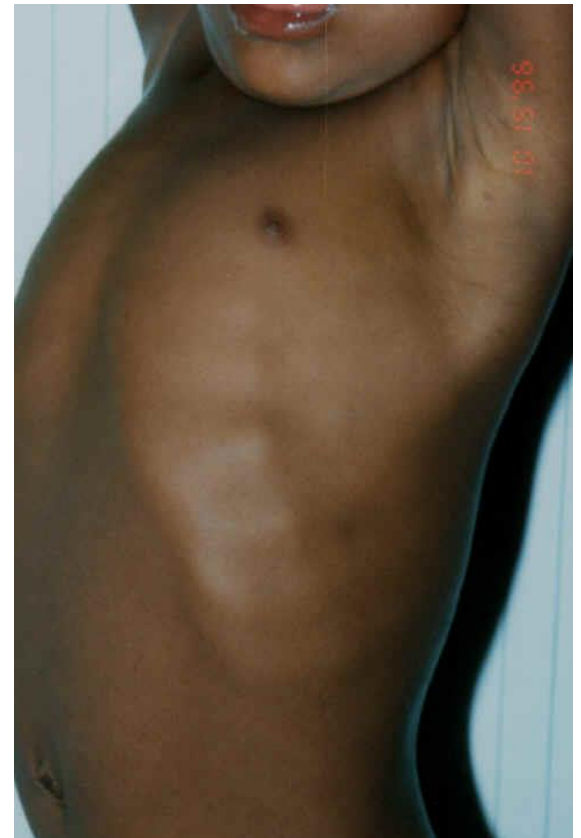
Your Diagnosis:

- a) rickets
- b) marasmus
- c) Barrel chest
- d) Normal child
- e) Pectus excavatum



The physical sign shown is

- A) Harrison's sulcus
- B) Pectus carinatum
- C) Kyphosis
- D) Axillary hyperpigmentation
- E) Rib beading



E

Male infant aged 1.5 year

Weaned since 4 months and had 3 attacks of GE and present by generalized edema since 2 weeks

Diagnosis:

A -Nephrotic synd.

B-nutritional edema

C-kwashiorkor

D-Marasmic kwo



B

Male infant aged 1.5 year

**wt.5kg, lenth73cmwith loss of s,c
fat, Diagnosis:**

A -.third degree marasmus

B-nutritional dwarfism

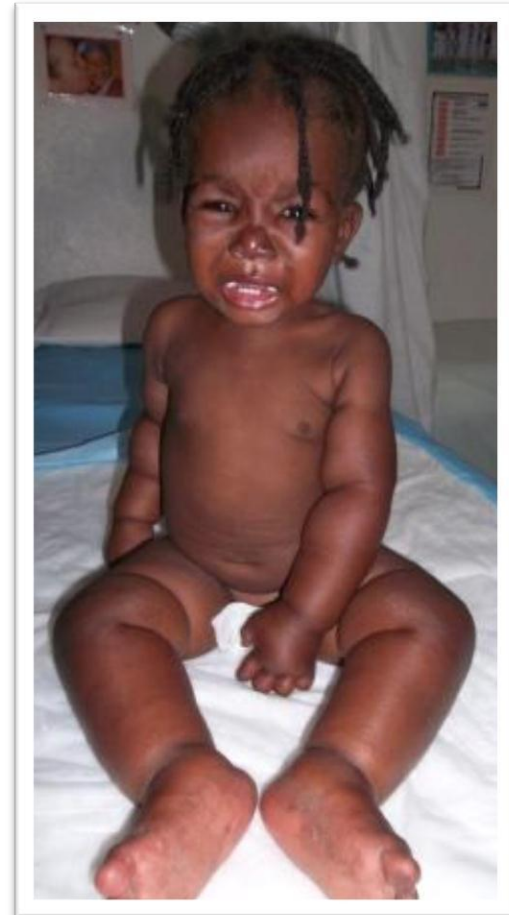
C- placental insufficiency

D-Marasmic kwo



The nutritional status of this- 12 months old boy (weight :8 kg) is best described as:

- A. Marasmus**
- B. Marasmic kwashiorkor**
- C. Kwashiorkor**
- D. Nutritional edema**
- E. None of the above**



D

Marasmic kwashiorkor



This child is one year old. His weight is 4 kg. His length is 75 cm. The diagnosis is:

- A. Nutritional dwarfism
- B. Second degree marasmus
- C. Third degree marasmus
- D. Simple under weight
- E. Marasmic kwashiorkor

Question 3

A 3 years old child had gastro-enteritis, prolonged starvation apart from sugary fluids. He had edema of both feet. His weight is 4.5 Kg. What is your provisional diagnosis

A- Nutritional edema

B- Marasmus

C- Kwashiorkor

D- Marasmic Kwashiorkor

E- Non of the above



D

"Patient 1.5 y. old, his weight is 5.5 Kg" The followings are true for this baby except:

- A. Loss of fat is due to caloric deficiency
- B. Weight is 60% of the expected weight
- C. There is severe muscle wasting
- D. There is loss of buccal pad of fat.
- E. The patient may develop anemia & vitamin deficiency



• This baby aged One year complaining of edema of lower limb, growth retardation and dull apathetic look. The most appropriate cause of this edema is :

- A. Congestive Heart failure
- B. Congenital nephrotic syndrome
- C. Kwashiorkor
- D. Marasmic kwashiorkor
- E. Nutritional edema



Hematology Images

Male child aged 7 year complain of skin rash, arthritis, abdominal pain and red urine.

The most probable diagnosis:

- A- Systemic lupus (SLE).**
- B- ITP.**
- C- Viral infection.**
- D- Anaphylactoid purpura.**
- E- Non of the above.**



D

Your Diagnosis:

- a) Skin allergy
- b) Anaphylactoid purpura
- c) Measles
- d) Chicken pox
- e) burn



B



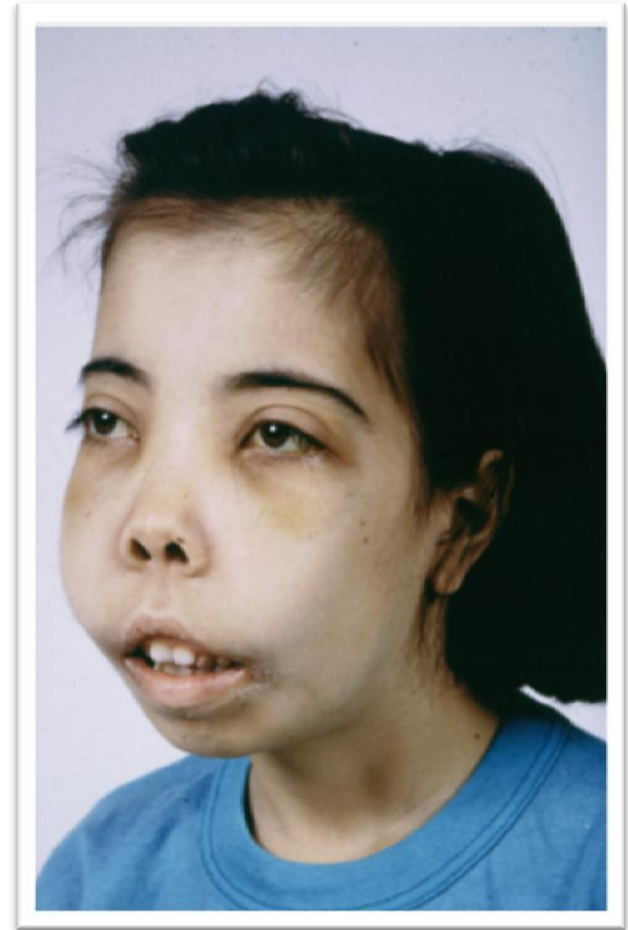
Thalassaemia

Possible causes of this condition are the following EXCEPT

- A. Haemophilia A*
- B. Pertussis*
- C. Trauma*
- D. Thalassaemia*
- E. ITP*

The facial features are suggestive of:

- A. Down Syndrome
- B. Hypothyroidism
- C. Acute leukemia
- D. Beta thalassemia
- E. Hydrocephalus



D

Neonatology Images

This infant shows:

A – Caput succedaneum.

B- Nutritional edema

C- Hydrocephalus.

D- Marasmic kwo

E- Cephalhematoma



E



Cephalhematoma

This picture shows:

A- caput succedenium

B- cephal hematoma

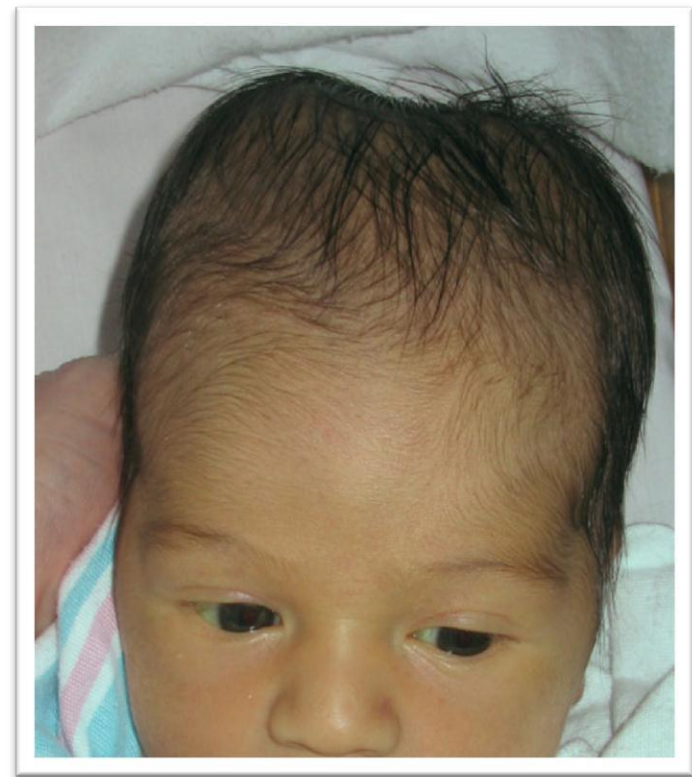
C- subglial hemorrhage

D- Skull deformity

E- none of the above

The abnormal head shape is typical of:

- A. Caput succedaneum.**
- B. Microcephaly**
- C. Hydrocephalus.**
- D. Brachycephaly**
- E. Cephalhematoma**



E

- This birth injury is characterised by the followings except:
 - a) bleeding under the periosteum
 - b) associated with difficult delivery
 - c) bleeding under the aponeurosis of the scalp
 - d) May be associated with shock
 - e) Resolve within 1-2 w



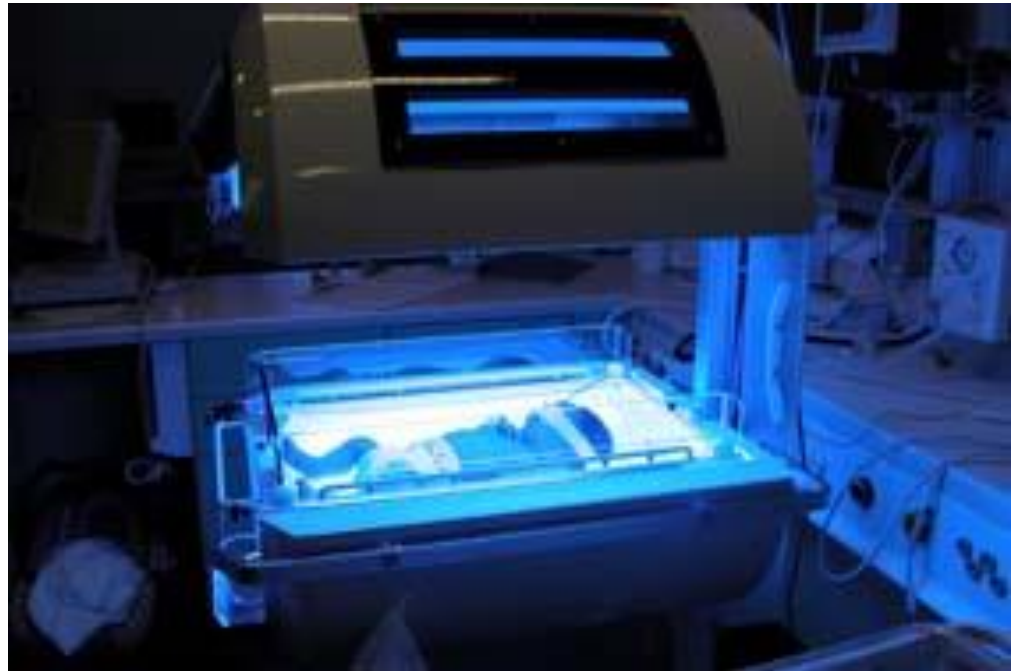
This picture shows
bluish spots on the
back in a baby few
days old .the cause
may be except:

- a. Thrombocytopenia
- b. Thrombathenia
- c. Mongolian spots
- d. Congenital
infections
- e. D.I.C.



Babies receiving this treatment are liable to the following **EXCEPT**

- A) Retinal damage
- B) Rickets
- C) Diarrhea
- D) Hyperthermia
- E) Dehydration



2. A full term newborn developed this condition after a difficult vaginal delivery. On doing the Grasp and Moro reflexes there will be:

A- Intact Moro reflex

B- Intact grasp reflex on both sides

C- Absent Moro reflex on the right side

D- Weak grasp reflex on the left side

E- None of the above



D

**Infant aged 3 weeks presented
with convulsion and opthitonus:**

Diagnosis is:

- A – Severe anaemia.**
- B- Neonatal cholestasis.**
- C- Bilirubin encephalopathy**
- D- Crigglar-Najar syndrome.**
- E- None of the above.**



C

This is a picture of a baby 2m old. the following is true except:

- There is opisthotonus
- Jaundice was severe in neonatal period
- This condition recover completely
- It results from damage of the basal ganglia
- It is associated with severe mental retardation



What is this test?

A- Scarf sign

B- Grasp reflex

C- Heal to ear test

D-Moro reflex

E-Arm recoil



D

This is true about chest compression which is used in resuscitation except:

- a. Thumbs compress sternum
- b. Fingers support back
- c. Used when heart rate is less 100beat /m
- d. Site of compression is the lower part of the sternum
- e. Rate of compression is 90/m



All is true about this reflex
except:

- It appears at 32w gestational age
- and disappears at 8m of age
- It is one of the primitive reflexes that appears in the neonatal period
- It is absent in asphyxia
- It is associated with rooting reflex



• This baby is one year old
his head circumference is
40cm. the following is true
except:

- He is mentally retarded
- The head circumference is appropriate for age
- His weight is 10kg
- Anterior fontanelle is closed
- Sutures are closed



This reflex is absent in the following conditions except:

- 1) Asphyxia
- 2) Intracranial He
- 3) Preterm 30w gestation
- 4) Depressant drugs
- 5) Bilateral fracture clavicle



Newborn aged 1.5 month the product of difficult vaginal labour with neck swelling .

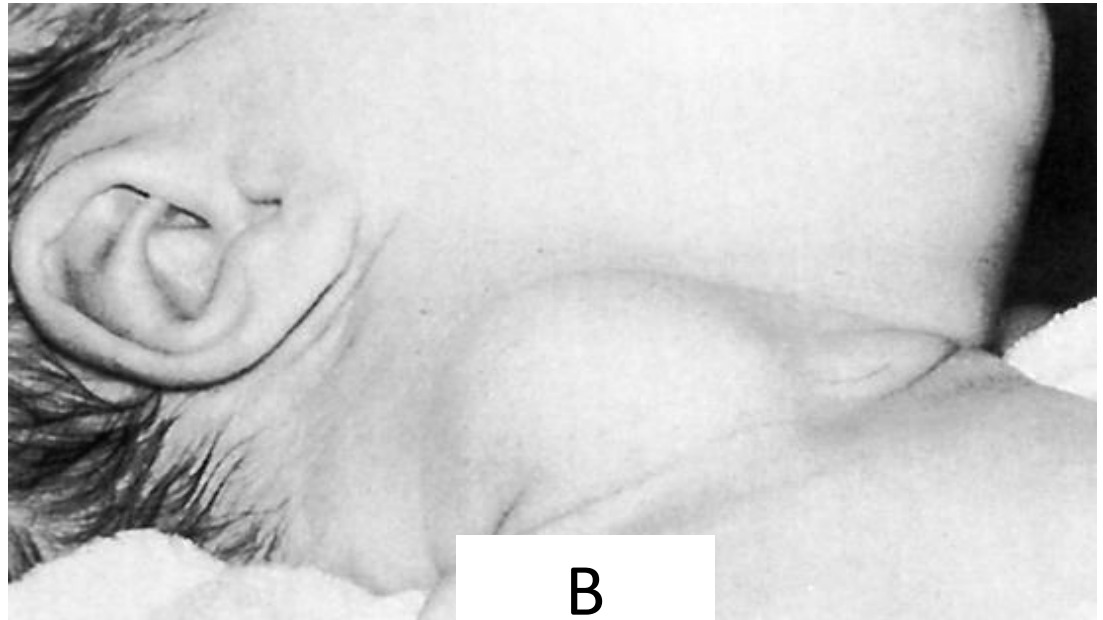
Diagnosis:

A – Cervical lymph adenopathy.

B- Sternomastoid tumor.

C- Hygroma.

D- Fibroma.



This is a normal 1 month old baby. The picture shows:

- A) Asymmetric tonic neck reflex
- B) Moro reflex
- C) Parachute reflex
- D) Stepping reflex
- E) Left Erb's palsy



A

This is a normal 3 months old baby. The following is true about this reflex except :

It is called asymmetric tonic neck reflex

it is called Moro reflex

it does not appear in the 1st month of life

it disappears by 7-8 months of life



B

Station No. 5

What is this Lesion?

A- Hemangioma

B- Nevus

C- Subcutaneous fat
necrosis

D- Acrocyanosis

E- Mongolian spots



E

This is a preterm baby .his
is liable to the following
complications except:

- a. Respiratory distress
syndrome
- b. Necrotising
enterocolitis
- c. Meconium aspiration
syndrome
- d. Septicemia&meningitis
- e. Hemorrhagic disease of
newborn



Station No. : Visual Diagnosis

5. "A 4 days old newborn delivered by difficult vaginal delivery", what is your diagnosis?

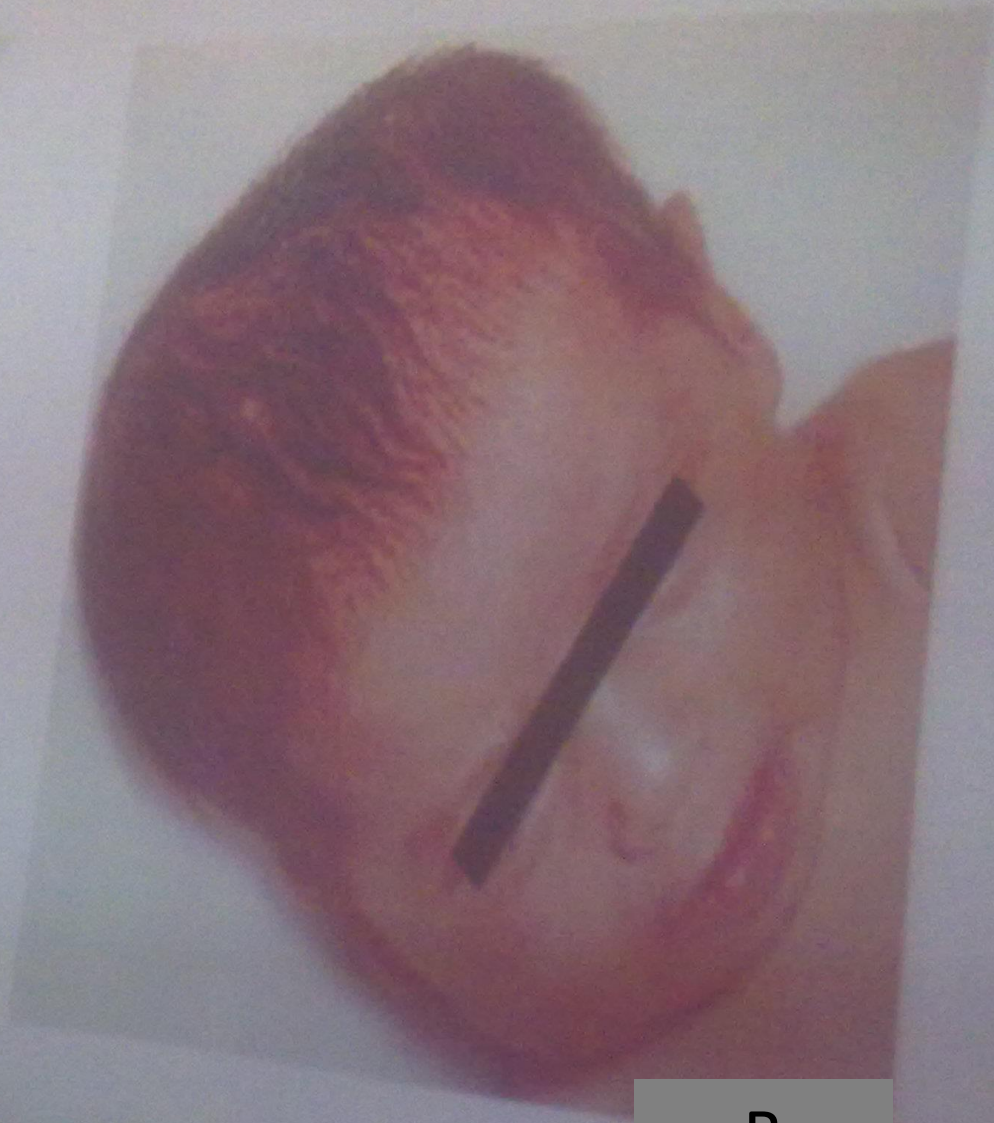
- A. Fracture clavicle
- B. Dislocation of shoulder
- C. Erb's palsy
- D. C.N.S damage
- E. Radial nerve palsy



C

4. A full term baby delivered by forceps due to difficult delivery. Mother noticed the swelling shown in the picture". The followings are true for the swelling except:

- A. The swelling is caused by hemorrhage under the periosteum
- B. The swelling is crossing the sutures
- C. Gradually absorbed over weeks.
- D. Need no surgical interference
- E. Can be complicated by infection



The abnormal head shape is typical of:

- A. Caput succedaneum.**
- B. Microcephaly**
- C. Hydrocephalus.**
- D. Brachycphaly**
- E. Cephalhematoma**



Which equipment would be appropriate for providing positive-pressure ventilation?



☐ A



☐ B



☐ C

A

☐ D: Answers B & C

Station 7

Question 4



The following is NOT true regarding this equipment

- A) Can be used with or without oxygen
- B) Used during neonatal resuscitation in the delivery room
- C) Contraindicated if there is suspected cervical spine injury of the baby
- D) Has a safety valve to prevent trauma to the lung
- E) Part A is called "the reservoir"

The baby is typically has one of the following birth injuries:

- A. Facial nerve injury**
- B. Klumpke's paralysis**
- C. Entire brachial plexus injury**
- D. Erb's palsy**



D

Dehydration Images

This picture show:

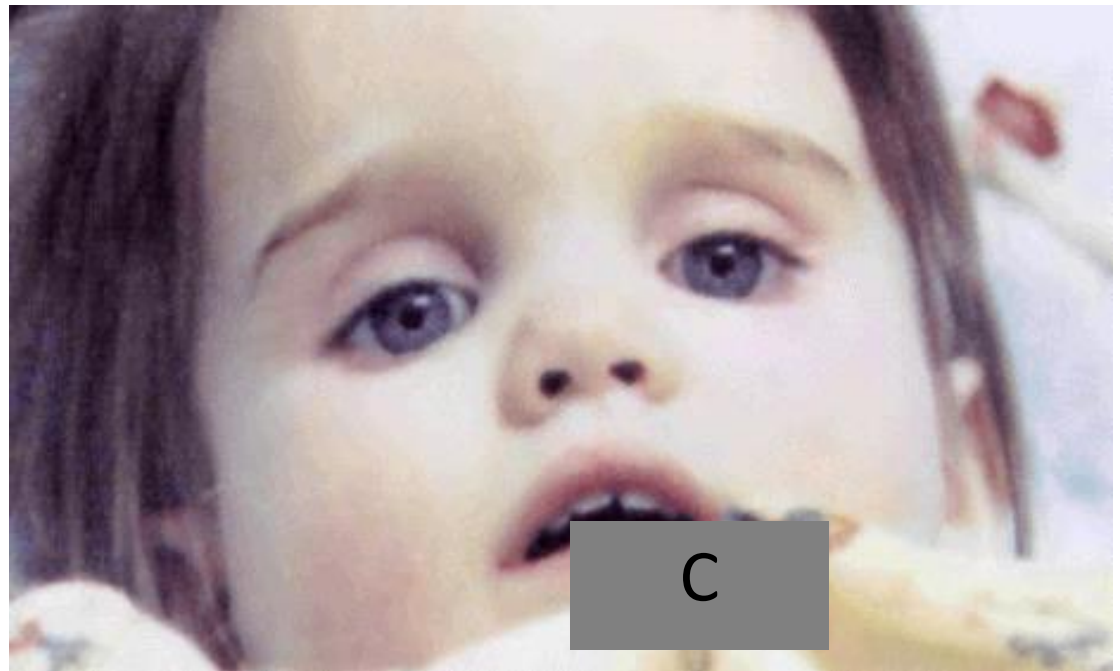
A–Facial signs of marasmus.

B- Toxic lock.

C-Signs of moderate dehydration.

**D- Signs of acute loss of more than 9% of
body water.**

E- Non of the above.



Your diagnosis:

- a) Marasmus
- b) Dehydration
- c) Hydrocephalus
- d) Thalassemia
- e) Central cyanosis



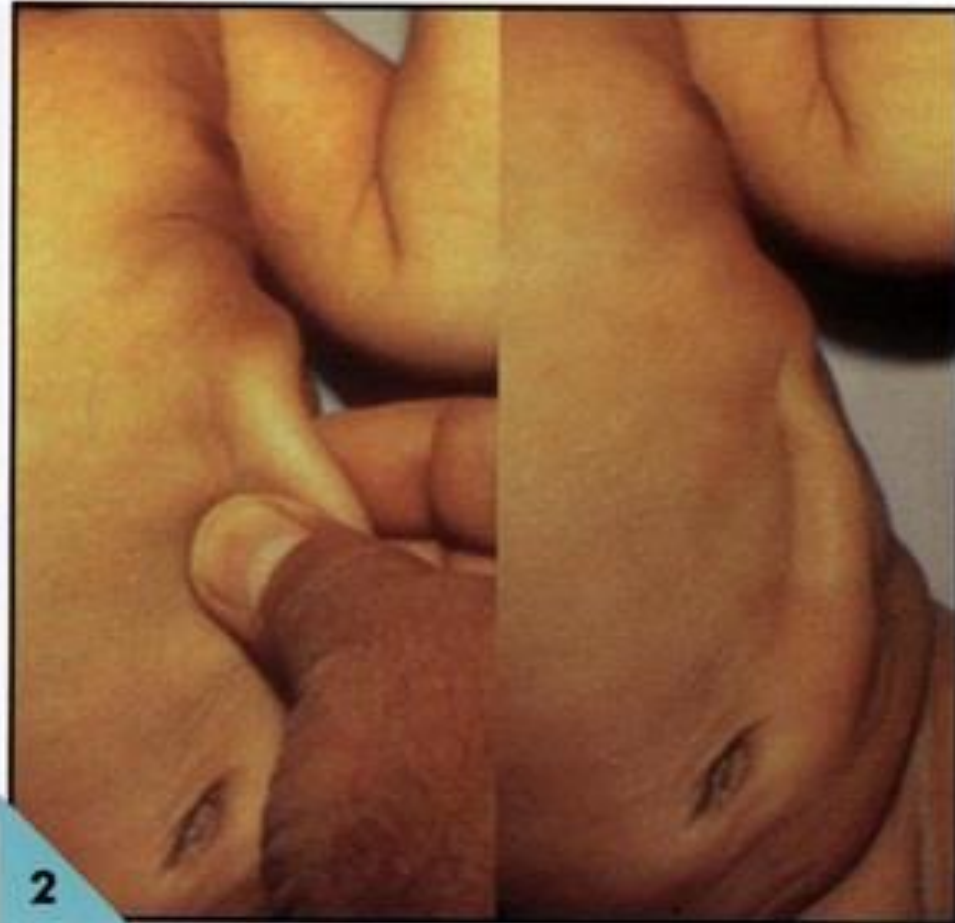
B

This sign may be detected in the following conditions:

- a. Dehydration**
- b. Marasmus**
- c. Both of them**
- d. Non of them**



A



dehydration

This picture shows:

A-loss of s.c fat

B-obesity

C-dehydration

D-skin infection

E-Non of the above

Emergency Images

**The device shown is
used to**

- A – Keep neonates warm**
- B- Supply oxygen**
- C- Provide phototherapy
to treat jaundice**
- D- Suction secretions**
- E- Non of the above**



The device shown is used for

A – Endotracheal intubation

B- Examination of the ear

C- Insertion of a nasogastric tube

D- Lumbar puncture

E- Liver biopsy



Growth Images

Which physical sign is present

A – Genu varum

B- Upward slanting of the eye

C- Upper segment/ lower segment ratio is > 1

D- Central cyanosis

E- Echymoses



C

Visual Diagnosis

5 marks

76

(76) Male child aged 7 year complain of skin rash, arthritis, abdominal pain and red urine. The most probable diagnosis:

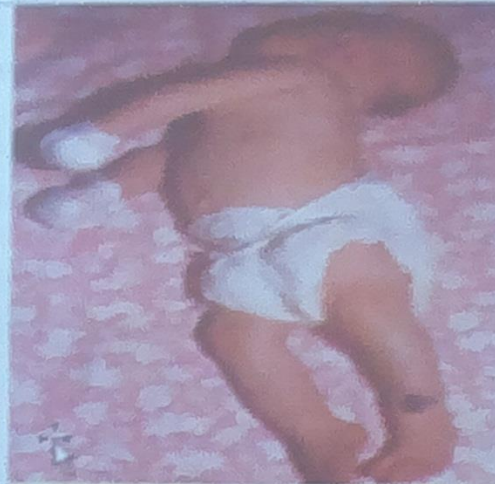
- A- Systemic lupus (SLE).
- B- ITP.
- C- Viral infection.
- D- Anaphylactoid purpura.
- E- None of the above.



76) D

(77) This picture shows infant aged 8 mon. with history of prolonged neonatal cyanosis and was treated in ICU for 3 weeks and discharged on phenobarbitone therapy. The diagnosis is:

- A. Febrile convulsions
- B. Hypoxic ischemic encephalopathy.
- C. Tetanus
- D. Meningo-encephalitis
- E. Hypocalcaemia



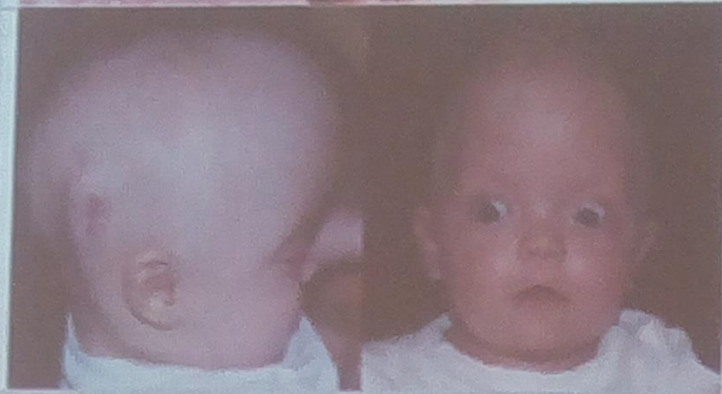
77) B

(78) Male infant aged 9 month come with rapidly progressive macrocephaly. The

E. Hypocalcaemia

(78) Male infant aged 9 month come with rapidly progressive macrocephaly. The most probable diagnosis is:

- A- Rickets.
- B- Thalassemia.
- C- Achondroplasia.
- D- Hydrocephalus.
- E- None of the above



78) D

(79) Infant aged 3 weeks presented with hyperbilirubinemia, convulsions and ophtitonus:

Diagnosis is:

- A - Severe anemia.
- B- Neonatal cholestasis.
- C- Bilirubin encephalopathy
- D- Crigler-Najjar syndrome.
- E- None of the above



79) C

(80) A patient 5 year old presented with fever followed after 2 days by papular rash starting on the face and trunk. The probable diagnosis is:

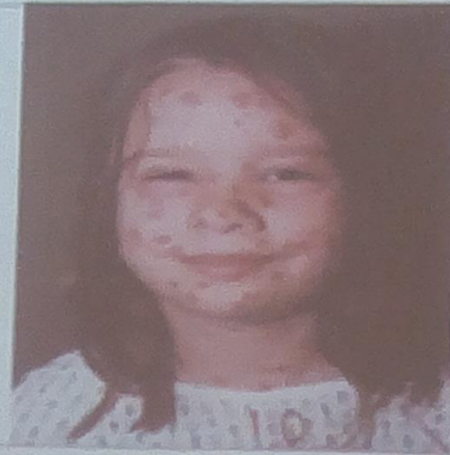
- A- Chickenpox
- B- Measles
- C- German measles



- A - Severe anemia.
- B- Neonatal cholestasis.
- C- Bilirubin encephalopathy
- D- Crigler-Najjar syndrome.
- E- None of the above.

(80) A patient 5 year old presented with fever followed after 2 days by papular rash starting on the face and trunk. The probable diagnosis is:

- A- Chickenpox
- B- Measles
- C- German measles
- D- Insect bites.
- E- Roseola infantum



80) A



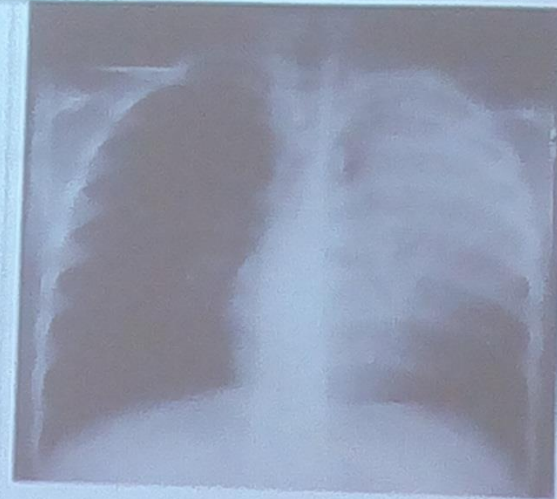
Radiographic Diagnosis

5 marks



(91) Look at the following chest x ray of a 6-year-old boy and select the single most probable underlying etiology explaining the apparent radiographic findings

- A : Left upper lobe collapse
- B : Right sided pneumothorax
- C: Left lower lobe obstructive emphysema.
- D: Left upper lobe pneumonic consolidation
- E :None of the above



91) D

(92) Look at the following x ray of the hand and arm and select the most probable bone age explaining the



D Left upper lobe pneumonia
consolidation

E None of the above

(92) Look at the following x ray of the hand and arm and select the most probable bone age explaining the apparent radiographic findings

A: 3 years

B: 2 years

C: 18 months

D: 5 years

E: 12 months



92) A

(93) The diagnosis is:

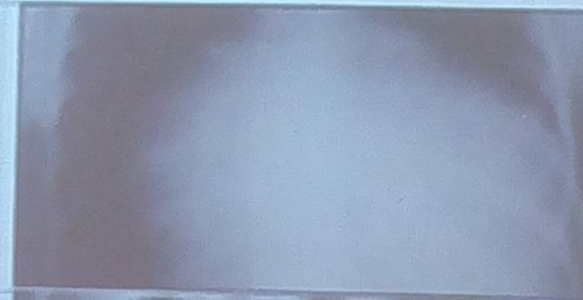
A. Large VSD.

B. Ebstein anomaly.

C. Transposition of great arteries.

D. Massive pericardial effusion.

E. Mitral valve disease.



93) D

(94) The diagnosis is:

A- Right lower lobe pneumonia.

B- Right pleural effusion.



The Diagnosis is:

- A. Large VSD**
- B. Ebstein Anomaly**
- C. TGA**
- D. Massive Pericardial Effusion**
- E. Mitral valve disease**

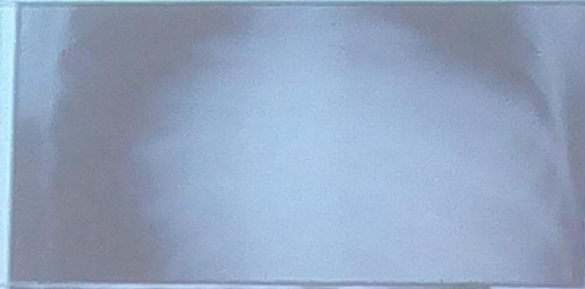


D

- D. 5 years
- E. 12 months

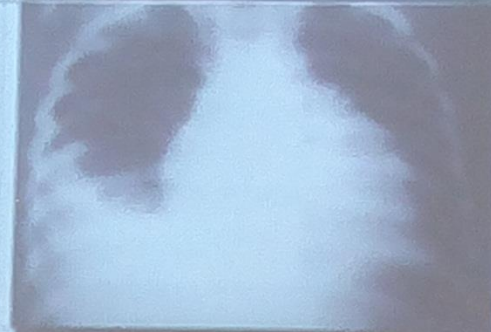
(93) The diagnosis is:

- A. Large VSD.
- B. Ebstein anomaly.
- C. Transposition of great arteries.
- D. Massive pericardial effusion.
- E. Mitral valve disease.



(94) The diagnosis is:

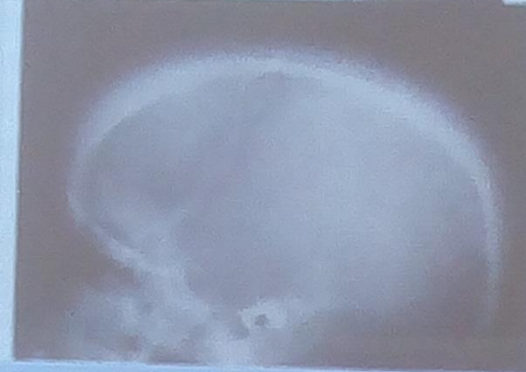
- A- Right lower lobe pneumonia.
- B- Right pleural effusion.
- C- Bronchopneumonia.
- D- Emphysema.
- E- None of the above.



94) B

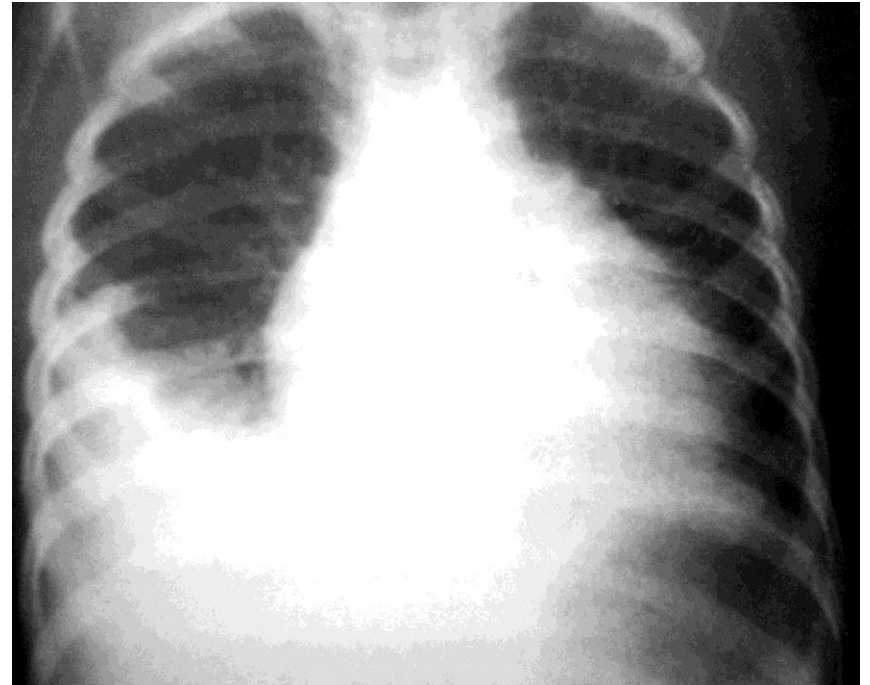
(95) Look at the following skull lateral view of a 7-year-old child and select the single most probable underlying etiology explaining the apparent radiographic findings

- A: Iron deficiency anemia
- B: Acute leukemia
- C: Acute hemolytic anemia



The diagnosis is:

- A- Right lower lobe pneumonia.**
- B- Right pleural effusion.**
- C- Bronchopneumonia.**
- D- Emphysema.**
- E- Non of the above.**

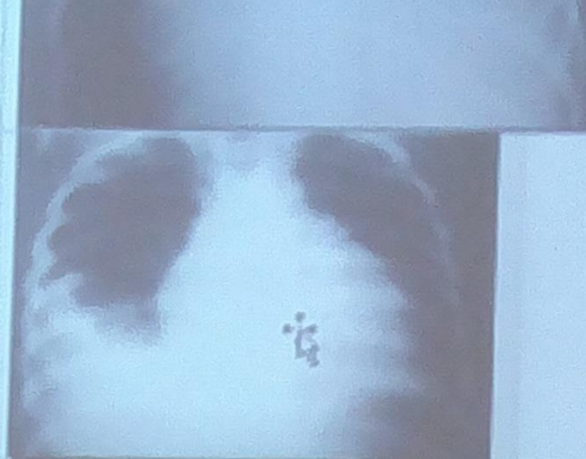


B

- C. Transposition of great arteries.
- D. Massive pericardial effusion.
- E. Mitral valve disease.

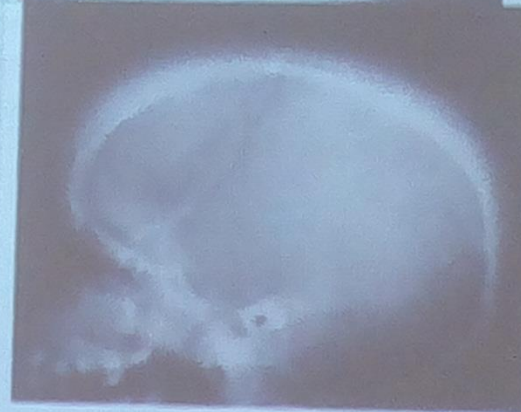
(94) The diagnosis is:

- A- Right lower lobe pneumonia.
- B- Right pleural effusion.
- C- Bronchopneumonia.
- D- Emphysema.
- E- None of the above.



(95) Look at the following skull lateral view of a 7-year-old child and select the single most probable underlying etiology explaining the apparent radiographic findings

- A : Iron deficiency anemia
- B : Acute leukemia
- C : Acute hemolytic anemia
- D : Beta thalassemia major
- E : Aplastic anemia



95) D

IMCI

5 marks

- Mona is 4 months old child and weighs 6 Kg. Her mother brought her to the health facility because she has had a fever for three days.
- She has no general danger signs. She has been coughing for 2 days. When count the respiratory rate, you find 45 breaths/ minute. She does not have chest indrawing and you do not hear stridor or wheeze.
- Mona has had diarrhea for 3 days with no blood in the stools. She is not irritable or thirsty. She does not have sunken eyes and her skin pinch goes back immediately.

(71) Which of the following questions should you ask to check for "general danger signs" in this patient?

- A. Is she able to drink or breastfeed?
- B. Has she been having fever every day for more than 7 days?
- C. Has she been very irritable since illness started?
- D. How many times has s/he vomited in the past 24 hours?
- E. Did she have convulsions in the past month?

71) A

(72) What is the cut-off rate for fast breathing of Mona?

- A. 20 breaths/minute or more
- B. 30 breaths/minute or more
- C. 40 breaths/minute or more

IMCI

5 marks

- Mona is 4 months old child and weighs 6 Kg. Her mother brought her to the health facility because she has had a fever for three days.
- She has no general danger signs. She has been coughing for 2 days. When count the respiratory rate, you find 45 breaths/ minute. She does not have chest indrawing and you do not hear stridor or wheeze.
- Mona has had diarrhea for 3 days with no blood in the stools. She is not irritable or thirsty. She does not have sunken eyes and her skin pinch goes back immediately.

(71) Which of the following questions should you ask to check for "general danger signs" in this patient?

- A. Is she able to drink or breastfeed?
- B. Has she been having fever every day for more than 7 days?
- C. Has she been very irritable since illness started?
- D. How many times has s/he vomited in the past 24 hours?
- E. Did she have convulsions in the past month?

71) A

(72) What is the cut-off rate for fast breathing of Mona?

- A. 20 breaths/minute or more
- B. 30 breaths/minute or more
- C. 40 breaths/minute or more

(72) What is the cut-off rate for fast breathing of Mona?

- A. 20 breaths/minute or more
- B. 30 breaths/minute or more
- C. 40 breaths/minute or more
- D. 50 breaths/minute or more
- E. 60 breaths/minute or more

72) D

(73) Which of the following movements of the lower chest describes chest indrawing?

- A. Inward movement during inspiration
- B. Inward movement during expiration
- C. Outward movement during inspiration
- D. Outward movement during expiration

73) A

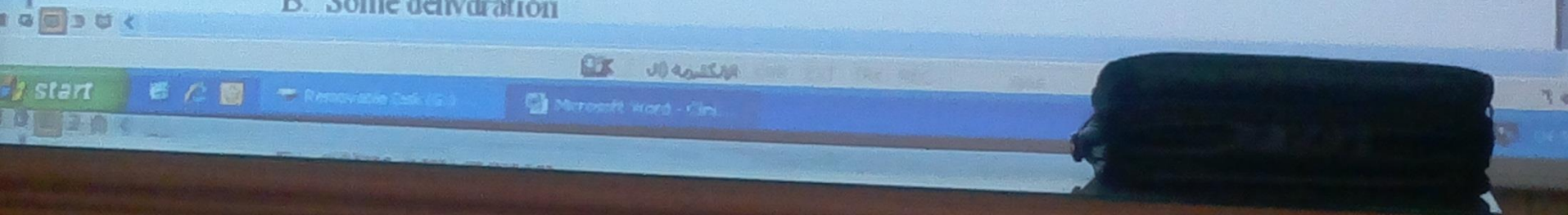
(74) How do you classify Mona's Cough?

- A. Severe pneumonia or very severe disease
- B. Pneumonia
- C. No pneumonia: cough or cold

74) C

(75) How do you classify Mona's diarrhea

- A. Severe dehydration
- B. Some dehydration



D. 20 breaths/minute or more
E. 60 breaths/minute or more

(73) Which of the following movements of the lower chest describes chest indrawing?

- A. Inward movement during inspiration
- B. Inward movement during expiration
- C. Outward movement during inspiration
- D. Outward movement during expiration

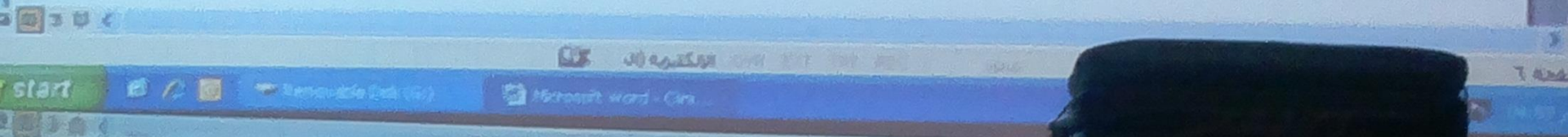
(74) How do you classify Mona's Cough?

- A. Severe pneumonia or very severe disease
- B. Pneumonia
- C. No pneumonia: cough or cold

(75) How do you classify Mona's diarrhea

- A. Severe dehydration
- B. Some dehydration
- C. No dehydration
- D. Severe persistent diarrhoea
- E. Persistent diarrhoea

75) C



Interpretation of Peripheral Blood Count 5 marks

(81) You would interpret this complete blood count and RBC indices of a 8 year-old-boy as:

Hemoglobin: 6g/dl	MCV: 74 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 25 pg	
Platelet count: 400,000 cells/cu mm	MCHC: 30%	Reticulocytic count: 5%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hemorrhagic anemia due to acute blood loss

81) D

(82) You would interpret this complete blood count and RBC indices of a 8 month-old-boy as:

Hemoglobin : 8 g/dl	MCV : 65 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 25 pg	
Platelet count: 300,000 cells/cu mm	MCHC: 24%	Reticulocytic count : 1%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hemorrhagic anemia due to acute blood loss

82) B

(83) You would interpret this complete blood count and RBC indices of a 2 year-old-boy as:

Hemoglobin: 6g/dl	MCV: 110 fl
Total leucocytic count: 7,900 cells/cu mm	MCH: 27 pg

(82) You would interpret this complete blood count and RBC indices of a 8 month-old boy as:

Hemoglobin : 8 g/dl	MCV : 65 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 25 pg	
Platelet count: 300,000 cells/cu mm	MCHC: 24%	Reticulocytic count : 1%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hemorrhagic anemia due to acute blood loss

(83) You would interpret this complete blood count and RBC indices of a 2 year-old boy as:

Hemoglobin: 6g/dl	MCV: 110 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 27 pg	
Platelet count: 400,000 cells/cu mm	MCHC: 30 %	Reticulocytic count : 1%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hemorrhagic anemia due to acute blood loss

83) A

(84) You would interpret this complete blood count and RBC indices of a 6 year-old boy as:

Hemoglobin: 7g/dl	MCV: 88 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 32 pg	
Platelet count: 300,000 cells/cu mm	MCHC: 36%	Reticulocytic count : 1%

Hemoglobin: 6g/dl	MCV: 110 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 27 pg	
Platelet count: 400,000 cells/cu mm	MCHC: 30 %	Reticulocytic count : 1%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hemorrhagic anemia due to acute blood loss

(84)- You would interpret this complete blood count and RBC indices of a 6 year-old-boy as :

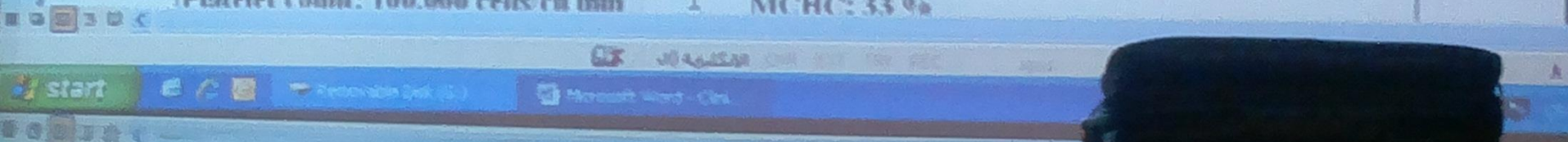
Hemoglobin: 7g/dl	MCV: 88 fl	
Total leucocytic count: 7,900 cells/cu mm	MCH: 32 pg	
Platelet count: 350,000 cells/cu mm	MCHC: 30%	Reticulocytic count: 7%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hereditary spherocytosis

84) E

(85) You would interpret this complete blood count and RBC indices of a 3 year-old-boy as:

Hemoglobin: 6g/dl	MCV: 90 fl	
Total leucocytic count: 2,900 cells/cu mm	MCH: 31 pg	
Platelet count: 100,000 cells/cu mm	MCHC: 33 %	Reticulocytic count: 3 %



Total leucocytic count: 7,900 cells/cu mm

MCH: 32 pg

Reticulocytic count: 7%

Platelet count: 350,000 cells/cu mm

MCHC: 30%

- A. Megaloblastic anemia
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Hereditary spherocytosis

(85) You would interpret this complete blood count and RBC indices of a 3 year-old-boy as:

Hemoglobin: 6g/dl

MCV: 90 fl

Total leucocytic count: 2,900 cells/cu mm

MCH: 31 pg

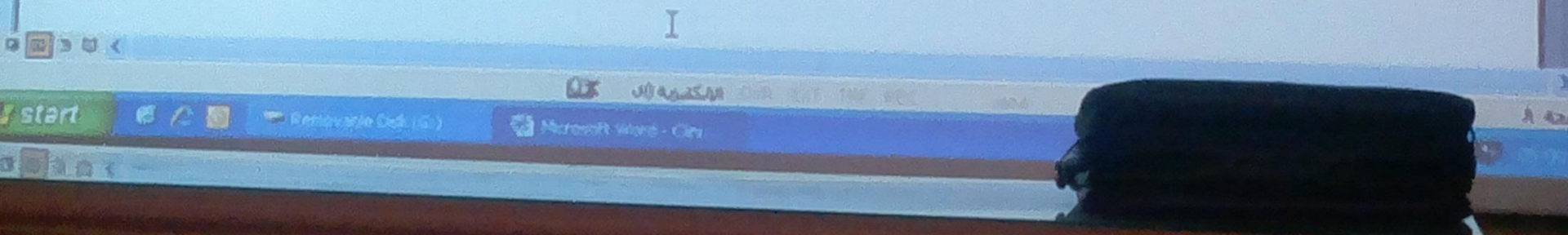
Reticulocytic count: 3 %

Platelet count: 100,000 cells/cu mm

MCHC: 33 %

- A. Hyposplenism
- B. Iron deficiency anemia
- C. Aplastic anemia
- D. Beta thalassemia major
- E. Megaloblastic anemia

85) A



Interpretation of Bleeding Profile 5 marks

(86) You would interpret the bleeding profile of a 2 year-old-boy with mucosal and skin bleeding as:

Hemoglobin: 12 g/dl	Total leucocytic count: 4,500 cells/cu mm
Platelet count: 180,000 cells/cu mm	Bleeding time: 10 min
Clotting time: 7 min	Prothrombin time: 12 sec. APTT: 30sec

- A. Immune thrombocytopenia
- B. von Willebrand disease
- C. Aplastic anemia
- D. Hemophilia A
- E. Hypersplenism

86) B

(87) You would interpret this bleeding profile of a 1 year-old-boy as:

Hemoglobin: 12 g/dl	Total leucocytic count: 4,900 cells /cumm
Platelet count: 190,000 cells/cu mm	Bleeding time: 3 min
Clotting time: 6 min	Prothrombin time: 12 sec. APTT: 30 sec

- A. Immune thrombocytopenia
- B. von Willebrand disease
- C. Aplastic anemia
- D. Hemophilia A
- E. Normal profile

87) E

(88) You would interpret this bleeding profile of a 5 year-old-boy with generalized purpuric skin rashes as:

Hemoglobin: 13 g/dl	Total leucocytic count: 6,900 cells/cu mm
Platelet count: 70,000 cells/cu mm	Bleeding time: 7 min
Clotting time: 8 min	Prothrombin time: 12 sec APTT: 30 sec

(S7) You would interpret this bleeding profile of a 1 year-old-boy as:

Hemoglobin: 12 g/dl	Total leucocytic count: 4,900 cells /cu mm
Platelet count: 190,000 cells/cu mm	Bleeding time: 3 min
Clotting time: 6 min	Prothrombin time: 12 sec. APTT: 30 sec

- A. Immune thrombocytopenia
- B. von Willebrand disease
- C. Aplastic anemia
- D. Hemophilia A
- E. Normal profile

(S8) You would interpret this bleeding profile of a 5 year-old-boy with generalized purpuric skin rashes as:

Hemoglobin: 13 g/dl	Total leucocytic count: 6,900 cells/cu mm
Platelet count: 70,000 cells/cu mm	Bleeding time: 7 min
Clotting time: 8 min	Prothrombin time: 12 sec. APTT: 30 sec

- A. Immune thrombocytopenia
- B. Acute leukemia
- C. Aplastic anemia
- D. Hemophilia A
- E. Anaphylactoid purpura

88) A

(S9) You would interpret this bleeding profile of a 2 year-old-boy with gastrointestinal bleeding as:

Hemoglobin: 13 g/dl	Total leucocytic count: 7,900 cells/cu mm
Platelet count: 180,000 cells/cu mm	Bleeding time: 4 min
Clotting time: 8 min	Prothrombin time: 30 sec. APTT: 29 sec

- A. Immune thrombocytopenia
- B. Acute leukemia

(88) You would interpret this bleeding profile of a 5 year-old-boy with generalized purpuric skin rashes as:

Hemoglobin: 13 g/dl	Total leucocytic count: 6,900 cells/cu mm
Platelet count: 70,000 cells/cu mm	Bleeding time: 7 min
Clotting time: 8 min	Prothrombin time: 12 sec. APTT: 30 sec

- A. Immune thrombocytopenia
- B. Acute leukemia
- C. Aplastic anemia
- D. Hemophilia A
- E. Anaphylactoid purpura

(89) You would interpret this bleeding profile of a 2 year-old-boy with gastrointestinal bleeding as:

Hemoglobin: 13 g/dl	Total leucocytic count: 7,900 cells/cu mm
Platelet count: 180,000 cells/cu mm	Bleeding time: 4 min
Clotting time: 8 min	Prothrombin time: 30 sec. APTT: 29 sec

- A. Immune thrombocytopenia
- B. Acute leukemia
- C. Aplastic anemia
- D. Hemophilia A
- E. Liver cell failure

89) E

(90) You would interpret this bleeding profile of a 2 year-old-boy with post-circumcision bleeding as:

Hemoglobin: 12 g/dl	Total leucocytic count: 8,900 cells/cu mm
Platelet count: 180,000 cells/cu mm	Bleeding time: 4 min



start

Internet Explorer (G)

Microsoft Word - Clin

Hemoglobin: 13 g/dl

Platelet count: 180,000 cells/cu mm

Clotting time: 8 min

Total leucocytic count: 7,900 cells/cu mm

Bleeding time: 4 min

Prothrombin time: 30 sec.

APTT: 29 sec

- A. Immune thrombocytopenia
- B. Acute leukemia
- C. Aplastic anemia
- D. Hemophilia A
- E. Liver cell failure

(90) You would interpret this bleeding profile of a 2 year-old-boy with post-circumcision bleeding as:

Hemoglobin: 12 g/dl

Platelet count: 180,000 cells/cu mm

Clotting time: 14 min

Total leucocytic count: 8,900 cells/cu mm

Bleeding time: 4 min

Prothrombin time: 12 sec.

APTT: 50 sec

- A. Immune thrombocytopenia
- B. Von Willebrand disease
- C. Aplastic anemia
- D. Hemophilia A
- E. Anaphylactoid purpura

90) D

start

Removable Disk (G:)

Microsoft Word - Clin

Interpretation of ABG & Electrolytes

5 marks

Three years old child weighs 12.5 kg, presented with one week history of vomiting and diarrhea presents to the emergency room, blood pressure 95/65, capillary refill time 5 seconds, heart rate 150/min, and pale cold skin. Investigations show:

pH: 7.25

PCO₂: 20mmHg

HCO₃: 10 mEq/L

Pulse Oximetry: 87 %

Na: 162 mEq/L

K: 3.1 mEq/L

CL: 140 mEq/L

Serum creatinine: 0.7mg/dL

(96) The level of Bicarbonate in this scenario is best explained by:

- A. Being Normal.
- B. Consumption of HCO₃ by added acids.
- C. Loss of bicarbonate.
- D. Retention by the kidneys as a compensatory mechanism.
- E. Compensatory mechanism for the abnormal potassium level.

96) C

(97) The Primary Disorder is:

- A. Metabolic acidosis.
- B. Metabolic alkalosis.
- C. Respiratory acidosis.

- C. Loss of bicarbonate.
- D. Retention by the kidneys as a compensatory mechanism.
- E. Compensatory mechanism for the abnormal potassium level.

(97) The Primary Disorder is:

- A. Metabolic acidosis.
- B. Metabolic alkalosis.
- C. Respiratory acidosis.
- D. Respiratory alkalosis.

97) A

(98) The compensatory mechanism in this scenario is:

- A. Low chloride.
- B. Low Potassium.
- C. Low CO₂.
- D. Low HCO₃.

98) C

(99) Anion gap is:

- A. Normal.
- B. Low.
- C. High.
- D. No enough data to calculate.

99) A

(100) Initial fluid therapy in this case is best achieved through:

- A. Saline 0.18% 50 ml/kg over 8 hours.
- B. Normal saline 0.9% 20 ml/kg bolus.

D. Respiratory alkalosis.

(98) The compensatory mechanism in this scenario is:

- A. Low chloride.
B. Low Potassium.
C. Low CO_2 .
D. Low HCO_3 .

(99) Anion gap is:

- A. Normal
B. Low
C. High
D. No enough data to calculate.

(100) Initial fluid therapy in this case is best achieved through:

- A. Saline 0.18% 50 ml/kg over 8 hours.
B. Normal saline 0.9% 20 ml/kg bolus.
C. Oral rehydration therapy.
D. Glucose/saline mixture 50 ml/kg over 8 hours.
E. Concentrated potassium chloride IV 0.5 mEq/kg.

I

100) B

Hematological/Oncological Disorders 5 marks

A 2.5-year-old boy presented with history of sudden onset of bruising and generalized rashes all over the body. There was history of bleeding gums and lips. There was no itching. There was past history of cough and cold which was treated by family doctor 3 weeks before. No history of preceding trauma. No family history of bleeding tendency- No pallor, no lymphadenopathy, no hepatosplenomegaly, no edema. Platelet count was 40,000/cu mm.

(31) The rashes presented in this case may have the following pattern(s):

- A. Ecchymotic patches
- B. Purpuric spots
- C. Generalized petechiae
- D. All of the above
- E. None of the above

31) D

(32) The absence of fever, splenomegaly, and lymphadenopathy makes the probable diagnosis is:

- A. Anaphylactoid purpura
- B. Acute leukemia
- C. Aplastic anemia
- D. Immune thrombocytopenia
- E. Disseminated intravascular coagulation

32) D

- B. Purpuric spots
- C. Generalized petechiae
- D. All of the above
- E. None of the above

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- A. Anaphylactoid purpura
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- C. Aplastic anemia
- D. Immune thrombocytopenia
- E. Disseminated intravascular coagulation

(33) The following laboratory tests are expected in peripheral blood analysis of the case EXCEPT:

- A. Bleeding time is 7 minutes.
- B. Clotting time is 5 minutes.
- C. Peripheral blood smear shows small platelets
- D. Hemoglobin 12g/dl
- E. Total leucocytic count of 7800/cu mm

33) C

(34) The next informative investigatory tool to prove the underlying diagnosis is:

- A. Antinuclear antibodies
- B. Prothrombin time

- D. Immune thrombocytopenia
- E. Disseminated intravascular coagulation

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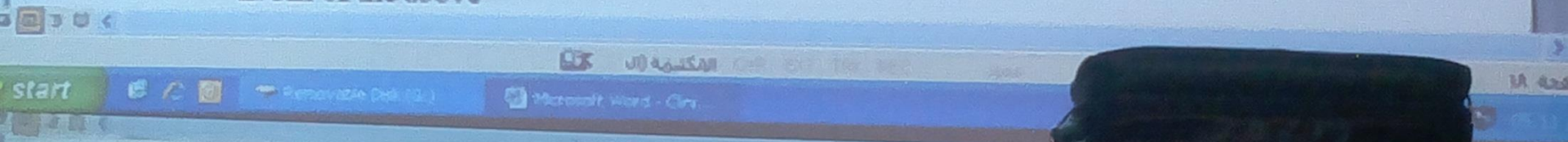
- A. Antinuclear antibodies
- B. Prothrombin time
- C. Platelet function tests
- D. Bone marrow aspiration
- E. APTT test

34) D

(35) The development of life-threatening bleeding in this case may be managed by:

- A. Fresh platelet transfusion
- B. Intravenous methyl prednisolone
- C. Intravenous immunoglobulin
- D. Emergency splenectomy
- E. All of the above

35) E



A 6 year-old boy presented to the cardiology outpatient clinic because of fever 39°C, pain in both ankle joints without any objective findings, of 5 days duration. The patient is not in respiratory distress and not suffering from previous similar problems. His ASO titer is 600 units, ESR in first hour is 110 mm, CRP is positive. After 5 days, cardiac auscultation revealed a newly heard apical systolic murmur.

(36) Regarding murmur characteristics, the murmur is expected to be:

- A. Pansystolic maximally heard at middle left sternal border
- B. Ejection systolic maximally heard at upper left sternal border
- C. Pansystolic heard maximally at the cardiac apex
- D. Pansystolic heard maximally at the lower left sternal border
- E. Ejection systolic maximally heard at upper right sternal border

(37) Regarding Jones criteria for diagnosis of rheumatic fever, the patient is considered having:

- A. Two major and two minor manifestations.
- B. One major and two minor manifestations.
- C. One major and three minor manifestations.

His A50 test is 0.5 mmHg, ECG is normal. On cardiac auscultation revealed a newly heard apical systolic murmur.

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- B. Ejection systolic maximally heard at upper left sternal border
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- E. Ejection systolic maximally heard at upper right sternal border

(37) Regarding Jones criteria for diagnosis of rheumatic fever, the patient is considered having:

- A. Two major and two minor manifestations.
- B. One major and two minor manifestations.
- C. One major and three minor manifestations.
- D. Three minor manifestations only.
- E. Two major manifestations only.

(38) The underlying structural heart disease explaining the murmur detected by auscultation is:

- A. Acute rheumatic carditis with mitral valvulitis.
- B. Acute rheumatic carditis with aortic valvulitis.

37) C

considered having:

- A. Two major and two minor manifestations.
- B. One major and two minor manifestations.
- C. One major and three minor manifestations.
- D. Three minor manifestations only.
- E. Two major manifestations only.

(38) The underlying structural heart disease explaining the murmur detected by auscultation is:

- A. Acute rheumatic carditis with mitral valvulitis.
- B. Acute rheumatic carditis with aortic valvulitis.
- C. Rheumatic heart disease with mitral stenosis.
- D. Carrey Coombs' murmur.
- E. None of the above.

38) A

(39) In the case described above, the following additional investigatory tools are recommended EXCEPT:

- A. Electrocardiography
- B. Plain chest radiography
- C. Echocardiography
- D. Complete blood count
- E. Blood culture

39) E

(40) In the case described above, you would interpret (ASO titer of 600 units) as indicative of:

- 1. Recent history of streptococcal infection in the preceding 4 weeks

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- A. Electrocardiography
- B. Plain chest radiography
- C. Echocardiography
- D. Complete blood count
- E. Blood culture

(40) In the case described above, you would interpret (ASO titer of 600 units) as indicative of:

- A. Recent history of streptococcal pharyngitis in the preceding 3 months
- B. History of streptococcal pyoderma in the preceding 2 weeks
- C. Associated active streptococcal pharyngitis
- D. Associated subclinical post-streptococcal glomerulonephritis
- E. None of the above

I

40) A

Endocrinal Disorders

5 marks

A 5-month-old girl was brought to the pediatric outpatient clinic with history of constipation and delayed developmental milestones. The mother gave history that her girl was passing motion once every 3 days since birth. Sometimes, she may require laxative. She had history of prolonged neonatal jaundice for which phototherapy was given. Physical examination revealed a sleepy girl with broad hands and short fingers.

(41) The provisional clinical diagnosis of the case is more likely to be:

- A. Down syndrome
- B. Phenylketonuria
- C. Turner syndrome
- D. Congenital hypothyroidism
- E. None of the above

I

(42) Physical examination of the case, described above may show the following additional findings EXCEPT:

- A. Temperature of 36°C
- B. Heart rate of 70/min
- C. Dry and cool skin

41) D

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- C. Turner syndrome
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- E. None of the above

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- A. Temperature of 36° C
- B. Heart rate of 70/min
- C. Dry and cool skin
- D. No head support
- E. Has social smile

42) E

(43) An additional (facial features) of the case may include all EXCEPT:

- A. Puffy face and swollen eyelids.
- B. Broad nose with depressed bridge.
- C. Enlarged thyroid gland
- D. Long and thin neck
- E. Open mouth with protruded tongue.

43) D

(44) The (recommended investigatory tools) in this case may include all EXCEPT:

- A. Anthropometric measurements.
- B. Skeletal survey for assessment of bone age

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(44) The (recommended investigatory tools) in this case may include all EXCEPT:

- A. Anthropometric measurements.
- B. Skeletal surveys for assessment of bone age.
- C. Serum TSH
- D. T3 & T4 level assay.
- E. Karyotyping

(45) The (short and long term sequelae of this case if untreated) may include:

- A. Short stature.
- B. Chronic anemia refractory to iron therapy

- D. No social support
- E. Has social smile

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- A. Puffy face and swollen eyelids.
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- D. T3 & T4 level assay.
- E. Karyotyping

(45) The (short and long term sequelae of this case if untreated) may include:

- A. Short stature.
- B. Chronic anemia refractory to iron therapy
- C. Mental retardation.
- D. Delayed dentition.
- E. All of the above.

Renal Disorders

5 marks

A 6-year-old boy admitted in pediatric inpatient department with history of morning puffiness of the face around the eyes since one week that decrease as the day passes on. This was associated with passage of dark colored urine. There was history of oozing skin lesions treated with local antibiotics 2 weeks back. BP was 140/95. In the second day following admission, the child developed progressive dyspnea associated with basal lung rales, congested pulsating neck veins with progressive oliguria. Serum creatinine, 0.8mg/dl and ASO titer is 220 units.

(46) The underlying diagnosis explaining the previous scenario is most probably:

- A. Acute renal failure
- B. Acute pyelonephritis
- C. Acute glomerulonephritis
- D. Acute lower urinary tract infection
- E. Nephrotic syndrome

(47) An additional physical finding on examination in this case may include:

- A. Growth failure
- B. Marked ascites
- C. Gross pedal edema
- D. Grossly enlarged and tender both kidneys

46) C

This was associated with passage of dark colored urine. Skin lesions treated with local antibiotics 2 weeks back. BP was 140/95. In the second day following admission, the child developed progressive dyspnea associated with basal lung rales, congested pulsating neck veins with progressive oliguria. Serum creatinine, 0.8mg/dl and ASO titer is 220 units.

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- E. Nephrotic syndrome

(47) An additional physical finding on examination in this case may include:

- A. Growth failure.
- B. Marked ascites
- C. Gross pedal edema
- D. Grossly enlarged and tender both kidneys
- E. Healed pyogenic skin lesions.

(48) You would define the cause of dyspnea in this case due to:

- A. Hypertensive encephalopathy.
- B. Acute renal failure with severe metabolic acidosis.
- C. Development of progressive pleural effusion and ascites.
- D. Acute heart failure secondary to hypertension and intravascular volume expansion
- E. Glomerulonephritis

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- D. Acute heart failure secondary to hypertension and intravascular volume expansion
- E. Co- pulmonary infection.

(49) Investigatory tests in this case may reveal all the following results EXCEPT:

- A. Hematuria and red cell casts on urine analysis
- B. Pulmonary venous congestion on plain CXR.
- C. ESR of 50mm/h.
- D. Elevated anti-deoxyribonuclease-B.
- E. Normal serum level of C3.

48) D

- D. Grossly enlarged and tender both kidneys
- E. Healed pyogenic skin lesions

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- A. Hypertensive encephalopathy
- B. Acute renal failure with severe metabolic acidosis
- C. Development of progressive pleural effusion and ascites
- D. Acute heart failure secondary to hypertension and intravascular volume expansion
- E. Co-pulmonary infection

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- D. Elevated anti-deoxyribonuclease-B
- E. Normal serum level of C3

(50) Management of the case should include all EXCEPT:

- A. Strict bed rest
- B. Regular measurement of ABP
- C. Salt and water restriction
- D. Intravenous furosemide therapy
- E. Benzathine penicillin G 1.2 mega units/2 weeks to prevent recurrence

D. Gross cutaneous ulcers.
E. Healed pyogenic skin lesions.

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